

CHILDREN'S ATTITUDES TOWARD DEATH

BY

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The energy and form of this
dissertation are dedicated to Ram.

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The purpose of this dissertation was to assess and evaluate normal children's concepts and attitudes toward death. The sample for the study was composed of 35 fourth grade and 35 fifth grade students attending one urban and one rural school. Each child participated in individual structured interviews. Children's views concerning the causes and events related to personal death (death of self) and impersonal death (death of another) were explored. There was also investigation of their attitudes of death denial, fear, and anxiety; their acceptances regarding personal and impersonal death; and their attitudes toward the environments of death.

The results indicated that these children viewed old age and illness as the primary causes of death. Almost 80 percent of the children expressed denial (i.e., aversion) regarding the environment

of death and personal death. They also expressed anxiety concerning impersonal death (e.g., death of a friend). Approximately half the children expressed some fears relating to personal and impersonal death. Psychological "acceptance" of personal and impersonal death was expressed by approximately 65 percent of the children. A preponderance of children expressed a mixture of all the measured attitudes of denial, fear, anxiety, and acceptance in regard to the death of a friend. These attitudes were consistently expressed significantly more concerning impersonal death as compared to personal death. Forty percent expressed "acceptance" of the environment of death.

The results were also analyzed relative to sex, grade level, urban-rural setting, grade point average, retention in grade, pet ownership, and acquaintance with death of a pet. Approximately 15 percent more females than males consistently expressed fear and denial of death. More rural children expressed denial of death than did urban children. Also, significantly more urban children than rural children expressed psychological acceptance of death. Children with decreasing grade point averages expressed denial and anxiety of death increasingly more often.

The results of this study indicate that normal children expressed a wide variety of attitudes toward death. These were primarily characterized as denial or acceptance. It was also noted that there was relatively little fear and anxiety of death expressed by these children.

CHAPTER I

INTRODUCTION

Background

The view of children's attitudes toward death as a developmental concept has received relatively little attention in the professional literature. Only in the last ten years or so has the topic of "death and dying" emerged as a significant area of research in the scientific community and as a "visible" topic of interest in popular literature. While there has been a rather sudden proliferation of books and articles on death in response to the needs and interests of adults, there has been very limited generation of material addressing this area as it relates to children. A close scrutiny of both professional and popular literature yields rather limited information or guidance for parents or professionals concerning children's concepts, views, or attitudes concerning death. Further, little of the information has been based on scientific investigation, as compared to the singular or collective opinions of professionals in the varied fields of education, psychology, medicine, sociology, anthropology, religion, and philosophy. Some authors (Fauquet, 1980; Kubler-Ross, 1975; Moody, 1975; Wass, 1976) have asserted that the topic of death has been characteristically ignored, denied, or evaded

in our society for a rather long period of time. However, interest in this topic through bona fide scientific investigation has clearly emerged. Moreover, serious researchers have become increasingly aware of the opportunity to examine children's concepts and attitudes toward death as a fundamental and significant area of inquiry and clarification.

The first investigations concerning children's concepts of death occurred approximately four decades ago. Although Schilder and Wechsler (1934), Bender and Schilder (1937), and Anthony (1940) presented articles mainly of case report and theoretical nature, Maria Nagy (1948) pioneered the first comprehensive study of children's views concerning the nature of death through individual interviews with a large number of subjects ($n = 378$). Using adjusted formats of written composition, drawing, and/or structured interviews, Nagy assembled 484 protocols from Hungarian children 3 to 10 years of age in Budapest, Hungary, and its environs. Nagy found evidence for differential stages in children's understanding of death. Children 3 to 5 years of age generally denied death as a regular and final process. They viewed it as a temporary state, with varying "degrees" of death. The children were aware that they were alive, but they also imagined that dead people were alive. Children 5 to 9 years of age tended to personify death. Death was viewed as a person walking around trying to catch people and carry them off. Children 9 to 10 years of age tended to view death as a permanent, inevitable, irreversible, and internal process.

Rochlin (1959, 1965) later corroborated these findings with American children 3 to 5 years of age. Rochlin (1965) theorized that in response to their overwhelming fear of death, children construct elaborate defenses such as the ideas of reversibility, temporariness, and continuing existence in places like heaven or hell.

Kastenbaum (1965) similarly interpreted the personification of death by 5 to 9 year olds as a necessary emotional compromise. He stated that the person or image of death is created by the children and modified by culture in order to make death more remote or more controllable. Weininger (1979) also speculated that the data obtained from the older children in Nagy's (1948) research was strongly affected by the cultural conditions of World War II Hungary.

On the other hand, Gartley and Bernasconi (1967), who studied 60 American Catholic children 5 1/2 to 14 years of age, did not observe the concepts of reversibility or personification of death. These researchers speculated that "early religious teaching and television may acquaint the child with the facts of death earlier than was usual in times past" (Gartley & Bernasconi, 1967, p. 85). Like the other studies, the children's concepts of death did seem to solidify and standardize with increasing age. McIntire, Angle, and Struempfer (1972) found no differences in children's avowed concepts of death as related to total hours a week of television watching or type of favorite program (aggression, fantasy, or reality). Rochlin (1965) also commented that children's concepts of life after death or places people go after death seem to arise spontaneously and without necessarily any formal religious education.

Consistent with the research concerning concepts of death since Nagy (1948), much of the recent research in the field further yielded evidence for stages of development in children's concepts of death. McIntire, Angle, and Struempler (1972) attempted to measure the views of causes, images, and finality of death in children 5 to 18 years of age of three different religious affiliations: Catholic, Protestant, and Jewish. Children up to the age of approximately 6 years viewed death as reversible, and viewed dead pets or persons as having cognizance. Seven to 9 year olds viewed death as irreversible and considerably fewer children believed in cognizance after death. A second drop in the percentage of children who accepted cognizance was evident in 13 year olds. It was also noted that death was not viewed as a total cessation of life activities until the children were 7 years old.

Weininger (1979) used the techniques of structured interview and structured play with 4 to 9 year olds to examine the relationship of children's concepts of death as expressed verbally and as expressed in play. In this study, the children evidenced increasing accuracy in their understanding of death and dying with increasing age. However, the data indicated that corresponding continuity between play expression and verbal expression regarding these concepts was not evident until the children were 8 to 9 years of age.

Thus, several studies (Gartley & Bernasconi, 1967; Kastenbaum, 1965; McIntire et al., 1972; Nagy, 1948; Weininger, 1979) consistently concluded that children's concepts of death develop in relatively distinctive, identifiable stages. Children up to the age of 6 years

viewed death as reversible, temporary, and characterized by life activities such as feeling, talking, and motion. Children 7 to 10 years of age generally accepted the concept of irreversibility, although death was not viewed in a personal way. Some studies (Kastenbaum, 1965; Nagy, 1948; Rochlin, 1959, 1965) suggested that children 7 to 10 years of age viewed death as like a person who caught people, while such personification was not evident in other studies (Gartley & Bernasconi, 1967; McIntire et al., 1972). At the age of 10 or 11 years, most children tended to view death as permanent, irreversible, and inevitable. Commensurate with the evidence supporting developmental stages in children's views of death, some studies (Formanek, 1974; Hansen, 1973; Koocher, 1974) have related Piaget's theory of intellectual development to children's emerging concepts of death. Thus, there has been general consistency in the conclusions of researchers concerning children's concepts of death.

However, there has been minimal research concerning children's attitudes toward death. Most death attitudes studies have focused on adult populations, particularly college students. Only two assessment instruments have been developed to measure death attitudes at the early adolescent level: the Attitude Toward Death Scale (Hardt, 1975) and the Early Adolescent Death Attitude Scale (Fauquet, 1980).

In reviewing the literature concerning death attitudes, four broad divisions seemed to emerge. The most frequently investigated areas were the fear of death (Bailis & Kennedy, 1977; Bell, 1975;

Boyar, 1964; Gold, 1974; Leviton, 1974; Mueller, 1976; Nelson & Nelson, 1975) and death anxiety (Alexander & Alderstein, 1959; Nelson & Nelson, 1975) Rowe & Loesch, 1978; Templer, 1970). Attitudes concerning denial of death have been investigated by Gold (1974) and Nelson and Nelson (1975). Attitudes concerning acceptance have been studied by Kurlychek (1976). Thus, the areas of fear, anxiety, denial, and acceptance which have received investigation in older populations do not appear to have been investigated in reference to young children.

There was significant information in the medical literature which addressed the many issues of caring for the terminally ill child and the needs of the family. In many cases, there was specificity as to the child's particular illness, such as cancer, leukemia, or congenital heart disease. The topic of the sudden traumatic death of children was also addressed. However, the medical and psychiatric literature has not yielded research on the attitudes of normal children concerning death and dying.

The topic of bereavement in children has received some attention in the literature. Stein (1974) reported that "during childhood one out of every 20 children in the United States will lose a parent to death and that by the age of 16, one of every five children will have lost at least one parent." Kastenbaum (1972) stated that the death of a parent has the "single and longest lasting" effect on children. He further suggested that "bereavement in early childhood has been implicated as the underlying cause of depression and suicide attempts in later life" (Kastenbaum, 1975, p. 186). Moriarity (1967) reported that his studies suggested that the case histories of a large

number of juvenile delinquents indicated unresolved childhood grief. Fauquet's (1980) review of the literature revealed that "during childhood and early adolescence bereavement reactions are similar to those of adults: disbelief, physiological distress, guilt, fear, anger, and panic" (p. 7).

Thus, there has been very limited research specifically investigating normal children's attitudes toward death and factors related to them. Since there was such a scarcity of information in this area and since children's concepts of death appeared to be relatively defined from a developmental point of view, it seemed important to explore the attitudes of normal children toward death. Therefore, the problem was:: What are normal children's attitudes toward death? A related question was: What factors relate to children's death attitudes?

Need for the Study

The increased attention to the factors, needs, and attitudes of adults concerning death has yielded a proliferation of material, resources, and programs in a variety of professional fields and institutions. With increased knowledge as to the attitudes of normal children concerning death, a number of related possibilities in the theory, research, training, and practice of counselors and school psychologists could result.

Increased knowledge of children's attitudes toward death and related factors could yield further development and possible modification in theory, particularly as it may relate to the developmental point of view. While it appeared that children's concepts of death

emerge in stages over rather identifiable age levels, it was also important to determine whether children's attitudes toward death develop and mature over time. While there appeared to be various attitudes toward death evident in the adult population, it was important to determine whether a similar variety was manifested in the population of normal children, or whether the attitudes were relatively invariant. Furthermore, it seemed useful to ascertain possible factors related to the emergence, modification, or change of death attitudes in children. Increased information concerning children's death attitudes would also better enable one to explore the implications as they relate to such models as Psychoanalysis, Piagetian theory, Behaviorism, and others. Thus, several ramifications would emerge as increased information concerning children's death attitudes is discovered.

Increased knowledge concerning children's attitudes toward death would also yield further implications in subsequent research. It would be important to determine the intensity, stability, or flexibility of children's death attitudes, and the factors related to such dimensions. The influence of socioeconomic level, cultural, ethnic, and religious background also merited investigation. Further * research concerning the influence of traumas on children's attitudes toward death would need to be pursued. There also would need to be considerable investigation of the premise that death attitudes may be related to children's and adolescents' behaviors in such areas as delinquency, depression, drug usage, and suicide, as suggested by some researchers (Fauquet, 1980; Kastenbaum, 1975; Klagsbrun, 1976;

Moriarity, 1967; Orbach & Glaubman, 1978; Smith, 1976). Thus, there are numerous implications for further research related to children's attitudes toward death.

Increased knowledge of children's attitudes toward death also would have significant impact on the training and practice of counseling, school psychology, and other areas of mental health. If such attitudes were known, it would be possible to "sensitize" professionals to the characteristics and needs of children concerning their attitudes toward death. Intervention and facilitation of more healthy attitudes might also be developed by skillfully trained professionals. It might also be possible to identify some children who may be pre-suicidal based in part on their expressed attitudes toward death. The implementation of formal classes in death education may also be prudently and appropriately pursued. It would be possible to provide guidance to parents, teachers, and other caregivers concerning children's attitudes toward death. On occasions when death of a classmate or a classmate's parent or sibling is experienced, it would be possible to facilitate an appropriate response based on valid information regarding children's death attitudes. Thus, there are multiple practical implications which may occur in the areas of training and practice based on further knowledge of children's death attitudes.

Purpose

The purpose of this study was to explore normal children's attitudes toward death. Specifically, there was investigation of

normal children's general concepts of death as initially structured by Koocher (1974). Further, there was investigation of death attitudes of denial, fear, anxiety, and acceptance in reference to death of self, death of other, and the environment of death. There was examination of the demographic factors which may relate to children's death attitudes.

Rationale

The structured interview technique has been used with young children consistently more than any other type of assessment. From the early work of Nagy (1948), to the pivotal studies conducted by Koocher (1973, 1974) and Orbach and Glaubman (1978, 1979), the format of self-report concerning questions about death with young children has been most commonly used. There has been some pairing with other tasks, such as Piaget's conservation problems, the WISC Similarities Subtest, or structured play activities, but the individual interview procedure seemed to be a key part of sound methodology with young children in evaluating their concepts and attitudes about death. Therefore, it was the method of choice for this study.

Recognition had to be given to the special sensitivity of this topic. In that some authorities (Kubler-Ross, 1975; Moody, 1975; Wass, 1976) asserted that there has been a tendency for people in this society to ignore, evade, or deny the topic of death, it seemed prudent to use a methodology which enabled maximum sensitivity, support, and response to the child. In that many of today's elementary children experience periods of leaving the regular classroom for various

activities such as media center instruction, group guidance, music, speech therapy, etc., the format of individually interviewing children away from the classroom setting seemed to permit a sense of routine procedure to the child. Further, the individual interview situation better enabled the establishment of rapport, privacy, and personal attention.

Definition of Terms

To clarify the terms and concepts of this study, the following definitions were used:

Acceptance - "A willingness or openness to understand a topic; to have particular ideas about or to consent to think about a topic" (Fauquet, 1980, p. 5).

Anxiety - A generalized "feeling of apprehension which tends to be elicited by situations in which the individual feels threatened . . . the nature of the threat may or may not be clearly perceived" (Coleman & Hammen, 1974, p. 124).

Attitude - "A relatively enduring system of affective, evaluative reactions based upon and reflecting the evaluative concepts or beliefs which have been learned about the characteristics of a social object or class or social objects" (Shaw & Wright, 1967, p. 10).

Cemetery - A place where people are buried.

Children - Persons 8 years 6 months to 11 years 0 months of age as of September 1, 1980.

Concept - "A general meaning, an idea, or a property, that can be predicted of two or more individual items" (English & English, 1966, p. 104).

Denial - "Denial is a mental mechanism. . . . Its function is to dispense with a perceived danger. . . . It is a process requiring constant revision of facts and constant correction of perceptions. It nullifies part of a reality and restores a state of previous harmony" (Weisman, 1972, p. 25).

Environment of Death - The setting in which the dying or dead person is known to be present, such as a cemetery or a hospital in which a friend or acquaintance is dying.

Fear - A specific feeling that is experienced "in the face of a present, anticipated, or imagined danger or pain. There is a real or imaginary threat to one's well being or survival" (Wood, 1976, p. 22).

Normal - Those children in regular class who are achieving academically at an A, B, or C level, who have been retained only once or not at all, and who are determined to exhibit adequate adjustment in learning, behavioral, and social areas in the professional judgment of the classroom teacher.

Suicide - "The deliberate act of self-injury with the intention that the injury should kill" (Garfinkel & Golombek, 1974, p. 1278).

CHAPTER II

REVIEW OF RELATED LITERATURE

The review of the literature pertaining to this study concerning children's attitudes toward death provided a theoretical basis for the study. Attention was given to research which has investigated children's concepts of death from a developmental view, particularly from a Piagetian and a psychoanalytic theoretical basis; research which has investigated the effects of various factors such as socio-economic level, race, television viewing, and experience with death on children's concepts of death; research which has investigated children's attitudes toward death; and relevant research which has investigated children's perceptions of death as may be related to suicide.

Children's Concepts of Death From a Developmental View

Since the first comprehensive study (Nagy, 1948) of children's concepts of death, developmental stages have been evident consistently in the literature in this area. Through individual interviews with 378 Hungarian children ages 3 to 10 years, Nagy (1948) found evidence for differential stages in children's understanding of death. Children 3 to 5 years of age generally denied death as a regular

and final process, death was viewed as another kind of existence in changed circumstances. Death was also seen as temporary and in varying "degrees." The children were aware that they were alive, and they imagined that dead people were alive also. "Living" and "lifeless" were not yet distinguished. Thus, a sense of animism was attributed to the dead.

Other studies (described later) have investigated the child's concept of animism in detail. Nagy (1948) found that children 5 to 9 years of age tended to personify death. Death was viewed as a person walking around trying to catch people and carry them off. Death was also viewed as an eventuality, but the children endeavored to keep it distant from themselves. Children 9 to 10 years of age tended to view death as a permanent, inevitable, irreversible, and internal process. The perceptible result of death was the dissolution of bodily life. Animism and egocentrism were not characteristic of this age group.

Rochlin (1959, 1965) corroborated Nagy's findings concerning young children's concepts of death at the 3 to 5 year age range. Rochlin (1965) theorized that in response to their overwhelming fear of death, children constructed elaborate defenses such as the ideas of reversibility, temporariness, and continuing existence in places like heaven or hell.

Beauchamp (1974) studied the death perceptions of 3 and 5 year olds. She found that the two groups differed significantly on the concepts of universality, irreversibility, causality, and fear of death. Three year old children did not view death as irreversible

or universal. They exhibited more fear of death than the five year olds, and attributed death to such causes as anger, naughtiness, and wishful thinking. On the other hand, the five year olds viewed death as universal, irreversible, and due to more realistic causes.

Swain (1976) studied the concepts of death of children 2 years to 16 years of age through a semi-structured individual interview format. The 2 to 4 year olds viewed death as reversible rather than final, improbably or escapable rather than inevitable, and not personally applicable to them. Children 5 to 7 years old expressed the belief that death was inevitable and applicable to them personally, but at a time remote from today. Like the younger children the 5 to 7 year olds tended to emphasize the accidental and punishing nature of death. In general, the 5 to 7 year old children also demonstrated less magical thinking and a greater reliance on biological and social reality.

Anthony (1940) summarized a series of investigations of children 3 to 13 years of age in England over a two year period. Anthony found that thoughts of death were frequent in children's fantasies. For example, approximately 50 percent of the children in a story completion task made reference to death in completing the story even though the concept did not appear in the story stem. Anthony (1940) distinguished five stages in children's concepts of death from ignorance of the meaning of the word to a clear definition in logical or biologically essential terms. Anthony (1940) observed differential stages in children's concepts of death which generally paralleled Piaget's theory on the development of children's understanding of causality.

Several other studies (Hansen, 1973; Kalmbach, 1979; Kane, 1979; Koocher, 1973; Nass, 1956; White, Elsom, & Prawat, 1978) have specifically investigated children's concepts of death in the context of Piagetian theory of intellectual development. Children's concepts of death seem to evolve in sequential stages generally consistent with Piaget's stages of preoperational thought, concrete operations, and formal operations. Hansen (1973) asserts that "the notions of classification, conservation, time and age acquired in the concrete operational stages seem to be necessary elements for grasping death as a definitive and universal event" (p. 110). Although Hansen's data was generally consistent with Piaget's stages, other evidence suggested that 7 to 8 year olds tend to view death as an internal process. This concept seemed to be grasped at an age earlier than Hansen (1973) predicted and earlier than what is stated in the literature. Formanek (1974) reported findings similar to Hansen (1973) in his study of the responses of 300 children. On the other hand, Melear (1973) found evidence which suggested that children do not develop a realistic view of death until they are more nearly 10 years old.

Kalmbach (1979), Koocher (1972, 1974), and White (1977) presented the children with conservation tasks to determine their stage of intellectual development. The children were then presented with various questions concerning various concepts of death in an individual interview format. He asked 75 children ages 6 to 15 years a group of four questions about the meaning of death and their expectations about their own death. The sample was of middle SES status,

of equal representation in sexes, and composed of 20 percent non-white children. Koocher¹⁹⁷⁴ also sought to obtain an estimate of the children's intellectual level by administering the Similarities Subtest of the Wechsler Intelligence Scale for Children. In order to classify the children according to their level of cognitive functioning by a Piagetian model, each child was tested with three conservation tasks (i.e., mass, number, and volume) and one task in hypothesis formation. Koocher's criteria were the following:

If the child failed one or more of the conservation tasks, he was placed in the "preoperational" group. If he passed all three of those, but failed the hypothesis formation task the child was classified as "concrete-operational." If the child dealt with all four tasks successfully, he was classified as "formal operational."
(p. 405)

In an individual interview format, each child was administered the Similarities subtest, the conservation tasks, and asked the following questions: "What makes things die?" "How do you make dead things come back to life?" "When will you die?" "What will happen then?" Koocher found no statistical differences attributable to race or sex. The results did, however, reflect developmental differences across children's ages. Koocher reported that children 7 years of age and under generally evidenced fantasy reasoning, magical thinking, and realistic causes of death marked by egocentric reasoning. Death was viewed as reversible and impermanent by this age group. Children 7 to 12 years of age described the infliction of death with or without intention, such as through weapons, poison, or assault. Children 12 years of age and older cited relatively abstract clusters of specific possibilities of death. These included physical deterioration, often

with a recognition of death as a natural process. In response to the question of what will happen when one dies, Koocher¹⁹⁷⁴ grouped the responses into the following non-exclusive categories:

references to being buried alive were given by 52% of the children; references to being judged, going to heaven or hell, or other hints at any sort of after-life by 21%; references to having a funeral by 19%; specific predictions of how death would occur by 10%; references to some aspect of sleep by 7%; references to being remembered by others by 5%; references to reincarnation by 4%; and references to cremation by 3%. (p. 409)

In contrast to the findings of Nagy (1948), Koocher (1974) found no personification type responses given in reference to what might happen at the time of death. Weininger (1979) speculated that Nagy's (1948) findings concerning children's personification of death perhaps had its source "in specific cultural situations--the armies, bombs, and threat of imminent death of World War II Hungary" (p. 397). On the other hand, Kastenbaum (1965) theorized that the personification of death by 5 to 9 year olds was a necessary emotional compromise. The children created a person or image of death in order to make death more controllable.

Kane (1979) investigated the death concepts of 122 mid-America, middle class white children, ages 3 to 12 years, through 10 components of the death concept which she described as the following:

1. Realization is the awareness of death, of the state of being deceased, or an event which happens. Death can happen to someone, or it can be something which makes the living die.

2. Separation deals with the location of the dead and is concerned with the child's idea of where the dead are: i.e., "In the trees," "Under the ground."

3. Immobility has to do with the child's notions concerning the movement of the dead. The dead may be seen as totally inactive or partially or completely active.

4. Irrevocability has to do with the child's idea of death as permanent and irreversible, or temporary and reversible.

5. Causality is a belief of what brought about the state of death, whether from internal causes, such as heart attacks or external causes such as guns or a combination of the two.

6. Dysfunctionality deals with the ideas about bodily functions other than the senses. A child could believe that the dead are totally dysfunctional, or that they are partially or completely functional.

7. Universality deals with the child's ideas of mortality. A child could have notions that everybody dies, or that nobody dies, or that there are exceptions.

8. Insensivity is a consideration of mental and sensory functions such as dreaming, feeling, thinking, and hearing. Ideas may be held that the dead are totally insensate or partially or completely sensate.

9. Appearance is the notion of the way the dead look. Ideas could be held that a dead person cannot or does not look as though he were alive or, to the contrary, that he looks the same.

10. Personification is a notion of death as concretized and reified as a person or thing.

During the course of the study it became apparent that a child could be aware, recognize, or realize death as having a substance. The Realization component was seen, therefore, to include Personification, and Personification was dropped as a separate component. (p. 144)

Kane (1979) discerned three stages in the children's concept development. Stage One was characterized by the presence of the components of Realization, Separation, and Immobility. Death was mainly a description: lying down with immobility. Egocentricity and magical thinking was evident. The children believed they could make someone dead by their behavior, wish, or label. At Stage Two, death was viewed as specific, concrete, and dysfunctional. The beginnings of logical thought were evident. Besides further development of the aforementioned components, there was inclusion and development of the remaining components of Irrevocability, Causality, Dysfunctionality, Universality, Insensitivity, and Appearance. However, the components were not interrelated. Early in Stage Two, the children tended to believe that death was externally caused, although internal causes of death were recognized later. Except for violence, death was viewed as a part of old age and very far away. At Stage Three, the children began to interrelate the components. The children's conceptualizations were more abstract, logical, and reality-based. Some children considered the existential issues of life and death. Death was a definition, an internally caused state characterized by dysfunctionality, inactivity, and insensitivity. The stages were shown to develop year by year. Kane (1979) further stated that the stages were related to Piagetian preoperational, concrete operations, and formal operations stages. The youngest children in Stage One organized their thinking in terms of structure; those in Stage Two thought in terms of function; those in Stage Three evidenced abstraction.

Factor analysis of children's death concepts as defined by Kane (1979) evidenced an increasing multiplicity in the components during the early childhood years. In general, children acquired Realization by age 3; Separation and Immobility by age 5; Irrevocability, Causality, and Dysfunctionality, and Universality by age 6; Insensitivity by age 8; and Appearance was added by age 12. Kane (1979) emphasized that the addition of components in each cluster was not in any particular order. Thus, a one-to-one sequence of component acquisition could not be established.

Kane (1979) also differentiated as to whether the children were experienced or inexperienced with death. This was established through postinterview contacts with the parents. The following criteria were used:

A child was considered to be experienced if, after the age of 18 months, he had known at least one intimate such as a parent, sibling, or close friend, or four non-intimates who had died, or if he had seen at least one dead person, or had gone to at least one funeral or funeral home, or had been greatly affected by the death of a nonintimate. A child was considered to be inexperienced if he had encountered death before he was 18 months old or had never encountered it. (p. 145)

Kane (1979) found that the experienced 3 to 6 year olds evidenced the presence of the death components at a significantly greater degree than the inexperienced peers. Children 7 through 12 years of age manifested the same concepts whether they were experienced or not. However, the older children generally evidenced the presence of most of the concepts anyway, and a differentiation would be more difficult to establish, if indeed it existed. Bolduc (1972) also found that children who have had experiences with death evidenced significant

differences in their death concepts as compared to those who had no experiences with death.

Contrary to Nagy's (1948) results, in which the inevitability of death occurred to children at age 9, Kane (1979) found this belief occurring frequently in children by age 6, and consistently in children 8 years of age and older. Also contrary to Nagy's (1948) investigations in which personification of death was expressed, Kane (1979) found no such form of reification. Thus, there appeared to be some significant differences in the concepts of death as expressed by American middle class white children in the 1970's as compared to the concepts of death of Hungarian children of post World War II.

In studying children in kindergarten through the fourth grade, White, Elsom, and Prawat (1978) also found that children's concepts of irrevocability, universality, and cessation of bodily processes in regard to death were related to the children's age and intellectual development. White et al. (1978), however, isolated a rather interesting differentiation in their study. After determining the child's intellectual conceptual level by presenting three conservation tasks taken from the Concept Assessment Kit by Goldschmid and Bentler (1968), a story was read to the children. Half of the children heard a version in which the main character, an elderly woman who dies, is a kind, likeable, and friendly person who always says "hello" to children. Half of the children heard a version in which the elderly woman is unkind, mean to her pets, and yells at children. The researchers found that the children's understanding of death was

not affected by the story. However, the children's views concerning the cause of death were influenced. It is reported:

Twenty two percent of the children who heard the story about the unkind woman attributed her death to some unkind act she committed. Some children, for example, claimed she died because she yelled at the school children and some because she would never laugh. Of the children who heard the story about the nice woman, only one subject out of 85 attributed the woman's death to her own behavior, claiming, perhaps whimsically, that she died because she laughed too much. There was, then a significant relationship between a child's perception of the attractiveness of the story character and a child's understanding of the cause of that character's death, $\chi^2(1) = 18.36$, $p < .001$. (p. 309)

Melear (1973) who interviewed 41 children 3 to 12 years of age in Greeley, Colorado, found children's death concepts to be generally consistent with those reported in other studies which suggested a developmental view. Melear (1973) categorized the responses into four stages. The first stage was characterized by relative ignorance of the meaning of the word death as evidenced by children 3 and 4 years of age. (However, one may question the limited sample of six children at this age range from which such a conclusion is drawn.) In the second stage, 4 to 7 year olds viewed death as a temporary state in which the dead can be revived, experience feelings, and engage in biological functioning. Five to 10 year olds, in the third stage, viewed death as final, but the dead were able to see, hear, feel, and in other ways function biologically. (Again, Melear (1973) reported only four children in this category, and one may question the size of the sample.) The fourth stage was characterized by the view that death was final with the cessation of all biological functioning. In other words, a more realistic concept of death was

expressed. It was interesting to review the ages of the children in this stage as reported by Melear (1973). Of the 21 children, two were between 4 and 5 years of age, one was between 5 and 6 years, and the remainder were 6 years and older.

Other studies which found children's views of death to be a developmental phenomenon were those by Anthony (1940), Blum (1976), Childers and Wimmer (1971), Gartley and Bernasconi (1967), Hornblum (1978), McIntire, Angle, and Struempfer (1972), Nass (1956), O'Brien (1979), Swain (1976), and Weininger (1979).

Some portion of the literature (Buhrmann, 1970; Maurer, 1966; Plank & Plank, 1978; Schilder & Wechsler, 1934; Schnieder & Schneider, 1977) interpreted children's developmental concepts of death based on Psychoanalytic Theory. For example, Plank and Plank (1978) examined children's art and autobiographies to discern the process of building up defenses, the rejection and denial of death, and children's reactions to catastrophies. In Maturation of Concepts of Death, Maurer (1966) outlined 12 developmental steps illustrated by quotations from various essays. Briefly, the maturational steps were the following:

1. Awareness. The primal terror was there, less among the brighter and so great among the dull that they feared direct mention of it. . . . "When I think of death, right away I am horrified. Sometimes when I see a dead person, they seem so unreal."

2. Denial. This may take many forms: childlike whistling in the dark ("My grandfather ain't never going to die"); reversals ("Death is a triumph"); clinging to attributes of life ("All I want

to know is what it feels like"); or refusing to think ("I think it is a word that should be thought only when it occurs").

3. Projection. The death of an "other" leaves one grateful for one's own life, indeed more fully alive.

4. Curiosity. Questions do not cease and some remain silly even in adolescence. Wrote one: "I think it is the fear of the unknown. What's going to happen? Will I just be there with no thoughts, then all of a sudden someone blows a horn and up I come or will I be conscious every minute? I would like for someone to tell me what it's like and what happens afterward? Maybe if I trust God and be a good little girl I will not fear the answers and not ask so many questions."

5. Personification. "Will death call your name to go?"

6. Propitiation. The death of the self being too traumatic to express, they could approach it only one step removed. "If I lost one of my parents, death would probably be hard to accept because I am close to both of them."

7. Dare-devilry. No mention was made of this, possibly because it is an action language.

8. Substitution. A remnant of this appeared as: "A new life is born each day just as an old life dies each day."

9. Contempt with laughter. "I went on a dare one time with this friend who knows a guy who works at the, you know, morgue. He puts his lunch right on the body in the cold room to keep it like in an ice box. He laughed and said: 'It's all right. He won't eat much.' But I didn't care for that too much."

10. Acceptance of inevitability. "Some people think that it is best not to know, but I feel you can appreciate life more and get more out of it."

11. Despair. "When I think of death I think of living. I think about the things I should have done but didn't, the places I wanted to see but never did. Ordinary things like I should have treated my sister and brother better or I should have gotten better grades in school and the little bad things I did that upset my mother."

12. Transmutation to idealism. "Death is something most people hate to think about, but it is also something we have to accept. What we should do is to make the best of our lives before it is too late."

Other psychoanalytic studies and writings (Ackerly, 1967; Menninger, 1938; Pfeffer, 1978; Pfeffer, Hope, Conte, Plutchik, & Jerrett, 1979; Ringel, 1976) interpreted concepts of death in reference to suicide. This topic will be discussed in more detail later in this chapter.

A few studies (Bruce, 1941; Huang & Lee, 1945; Klingberg, 1957; Klingensmith, 1953; Russell, 1939, 1940a; Safier, 1964) have examined children's concepts of animism as it relates to their concepts of death. Piaget (1929) described animism as the mental phenomenon in children in which life and consciousness is attributed to certain inanimate objects. According to Piaget, this was partially due to the child's view of objects as extensions of himself or herself. Piaget identified four stages in the development of the concept of animism. In Stage One, children up to 6 or 7 years of age attributed life to anything that demonstrated activity in any way. For example,

a stove was alive because "it cooked." In the second stage, children 6 to 8 years of age attributed life to anything that moved at the time it was moving. For example, a ball was alive while it was rolling. Clouds, cars, and bicycles were alive while they were moving. At Stage Three, children 8 to 11 years of age attributed life to anything that moved on its own accord, such as the sun and moon. Mechanical devices were not considered alive because an operator was required to move them. At Stage Four, children 11 years of age and older attributed life and consciousness to animals alone or to plants and animals. The age limits were somewhat indefinite, but Piaget asserted that there was definite model development in these stages.

Safier (1964) examined the responses of three groups of boys in San Francisco who were ages 4 to 5, 7 to 8, and 10 to 11. She administered the following ten stimulus words: dog, ball, tree, bike, boy, moon, mother, ocean, car, cloud. For each word presented at random, the following questions were asked:

1. Does a _____ live? Is it a _____ living?
2. Does a _____ hurt when hit?
3. Does a _____ grow up?
4. Does a _____ die?

In the second part of the interview, the children were asked their rationale for their responses. Two independent judges evaluated the tape-recorded conversations in reference to the following questions:

1. Is life or death seen as a recurrent process?
2. Does life or death come from the outside to a person or thing (external process)? Or does it come from the inside, and is it seen as an internal process?
3. Is there neither basis for considering life or death either as a recurrent or irrevocable or as an internal event. (Safier, 1964, p. 288)

Basically, Safier (1964) found a decrease in "animism" and "death" scores with increase in age. As children's concepts of death improved, so also did their concepts of life. Safier stated, "The judges' conclusions seemed to support a common rationale underlying Piaget's stages of animism and Nagy's stages of death conception" (1964, p. 294).

Another approach to clarifying children's concepts of death was implemented by Weininger (1979) who compared children's verbalizations about death and dying with their behavior and comments in structured play situations. Weininger (1979) combined the four questions used by Koocher (1973, 1974a, 1974b) with two differently structured play situations to determine the children's perception of death. Weininger (1979) examined the verbal and play responses of 30 boys and 30 girls ages 4 to 9 years old living in a middle class urban area. In a small empty classroom, there was a tape recorder, a small table and two chairs, and the following play materials: a mother and a father doll, a child doll, a pretend stethoscope, a pretend hypodermic needle, candy pills, a pretend thermometer, a blanket, a pillow, a double bed, a box with a lid, 2 inch glass of water. The play procedure was described as follows:

the interviewer presented all the materials, saying that "the doll is very sick and the doll is going to die." The interviewer gave the child time, and, if necessary, helped the child to play out the situation, encouraging

the child in a free fashion to play with the materials and to say what was happening. Following this play, the interviewer said, "the doll is very sick and is now dead" and encouraged the child to play out the situation as the child perceived it. . . . All children were encouraged to respond both in terms of vocalization and in terms of play and gesture. (p. 400)

As a preface to asking Koocher's (1974) questions, the interviewer generally stated, "I would like to find out what children think about dying, and I wonder if you have ever thought about this." The play procedure or the interview procedure were done in random fashion.

Weininger (1979) summarized the results as follows:

The children's play indicated increasing accuracy in their understanding of the concepts of dying and dead. Their answers to the questions also indicated accuracy increased with age. There were, however, differences between their play understanding, and their verbal expressiveness. Children's play frequently contradicts what they say about dying and death, sometimes indicating a more complex understanding than verbal expression would suggest, sometimes reflecting a failure to grasp freely the concepts they speak about. Concepts of dying and death are hard for children to understand and accept; the data indicate that it is not until 8 or 9 years that play and verbal expressions come to terms with each other. (p. 395)

Thus, there were a number of studies which examined children's concepts of death in the context of Piaget's stages of logical thinking through the use of individual interview and structured play format. In general, the results appeared to be relatively consistent in supporting a developmental evolution in children's concepts of death throughout the childhood years.

The Influence of Various Factors Concerning Children's Concepts of Death

Some studies (Beauchamp, 1974; Bolduc, 1972; Gartley & Bernasconi, 1967; Hornblum, 1978; McIntire, Angle, & Struempfer, 1972; Plotz &

Plotz, 1979) gave attention as to whether factors such as sex, socioeconomic level, religion, and television viewing affected children's concepts of death. The results tended to be consistent in most of the measured factors.

Beauchamp (1974) found no differences in children's concepts of death as a function of sex. On the other hand, Zweig (1977) found significant sex differences in the death attitudes of children 8 to 12 years old. It was interesting to note that Chasin (1971) who studied the death attitudes of adults did find sex differences. Further, this factor was differentially influenced by level of education and religious orthodoxy.

Plotz and Plotz (1979) reported that children have many misconceptions about death which are culturally induced. For example, there may have been an overemphasis on violence. However, the researchers suggested that this factor needs further study. Zweig (1977) also reported some effect from cultural differences as well as racial differences. On the other hand, Beauchamp (1974) found no significant differences in children's concepts of death as a function of social class. Chasin (1971), however, found that higher income (over \$10,000) populations were differentially affected in their death attitudes as a function of religious orthodoxy. However, the death attitudes of lower income (\$10,000) populations were not differentially influenced.

Some attention has been given to examining the effects of children's television viewing on their concepts of death. Although Gartley and Bernasconi (1967) speculated that television may acquaint

children with the facts of death earlier than was usual in past times, they did not investigate this variable in their study. Hornblum (1978) and McIntire et al. (1972) reported no differential effects of television viewing on children's conceptions of death. McIntire et al. (1972) found no significant differences even when there was factor analysis of the total number of hours of television viewing and type of favorite program: aggression, fantasy, or reality. On the other hand, Zweig (1977) reported that her results indicated that children learn more about death from the media and reading than from religious training or school.

The matter of the effects of religion on children's concepts of death has received very little attention in the literature. Gartley and Bernasconi (1967) speculated on possible effects due to early religious training, although they did not investigate this factor. McIntire et al. (1972) investigated the death concepts of 598 children, ages 5 to 18 years, who attended youth classes at either a Roman Catholic elementary school, a Protestant Sunday school, or a Jewish Temple. The children's religious affiliation was found to be a significant variable in several measured aspects of their acquaintance and concepts of the cause, imagery, and finality of death. When asked "Why do people die?" there were significant differences evident in the responses of the Catholic children at the 6 year through 11 year range. At the age of 6 years, 33 percent of the Catholic children gave the cause as "because they are bad." However, no children in this or any other group attributed a known death to moral guilt. At the age of 11 years, 22 percent of the

Catholic children stated that selection by God as the reason people die, although only 2 percent of the Protestant and Jewish children gave this as a reason. McIntire et al. (1972) also attempted to determine children's views of what happens after death. The children who had lost a pet were asked, "Do you think the pet knows you miss it?" For all children, there was a drop in this belief at 7 years and at 13 years of age. However, some differences were noted at the ages of 15 to 16 years. Twenty-eight percent of the Protestant children and 12 percent of the entire group attributed cognizance to the pet. Further, at all ages, the belief in cognizance or awareness after death for self was much less than that attributed to the pet. McIntire et al. reported the following:

Catholic school children, ages 11 to 12 years, for example, 93% gave the response of spiritual continuation without cognizance to the pet. Coexistence of these two responses was interpreted as a belief in personal spiritual continuation. . . . In all four groups, the belief in spiritual continuation peaked at the ages of 13 to 14 years, and then decreased in all but those interviewed at the Catholic school. . . . In both the Protestant and Catholic children the 7 year old was most likely ($p < .01$) to accept death as total cessation; this corresponded with the decrease in fantasy of imagery at the same age. By the age of 8, death as a total cessation was less acceptable with responses of increasing belief in spiritual immortality. (p. 530)

It was further added that frequency of religious instruction within the various church groups did not seem to have any apparent effect on the children's avowed concepts of death. There was also some investigation of the children's imagery of what happens to the body after death. McIntire et al. (1972) reported that "the concept of disintegration to ashes or dust was clearly a factor of religious education," although no more specificity in this area was given.

The investigators also found differential effects of religion regarding questions on the meaning of life and on suicide ideation. These areas are discussed later in the chapter in the section on suicide.

Blum (1976) interviewed 155 children ages 7, 9, 13, and 18 years old. Half of the children were Catholic and half were Jewish. Half attended religious Parochial schools and half attended public schools. Blum (1976) also found that children's concepts of death changed with age. He further found significance in the factor of religion. For children in the formal operations stage, Blum reports the following:

It was Catholicism (vs. Judaism) and a parochial-school background (vs. a public-school background) that were, in certain circumstances, related to more abstract levels of thinking about an after-life. Finally, regarding belief vs. non-belief in an after-life, Jews and Catholics were very distinguishable at all ages, with Catholics believing significantly more than Jews. (p. 5248)

It was interesting to note that in adult populations, religious activity and religious beliefs seemed to affect one's attitude toward death. For example, Swenson (1965) found that "persons engaged in frequent religious activity or demonstrating a fundamentalistic type of religion evidenced a very positive or forward looking death attitude whereas those with little religious activity or interest either evaded reference to death or feared it" (p. 109). Similar results were reported by Chasin (1971), although there appeared to be differential effects related to sex, level of education, and income levels.

As discussed earlier, Kane (1979) investigated the effects of children's experience with death on their death concepts. In general,

experienced children 3 to 6 years of age seemed to manifest more of the measured components of death concepts than those 3 to 6 year olds who were not experienced with death in their life. No differential effects were found in children 7 to 12 years of age. Zweig (1977) found that experiences with death influenced the attitudes and concepts of death of 8 to 12 year olds. Bolduc (1972), in studying the attitudes and concepts of death in 9 to 14 year olds, found experience with death to be an influential factor. On the other hand, McIntire et al. (1972) who studied the death concepts of children 5 to 18 years of age, found no apparent effect of experience on children's avowed concepts of death. Thus, the results in this area were rather contradictory, although the research tended to suggest that experiences with death did affect children's death attitudes and death concepts.

Children's Attitudes Toward Death

There appeared to be very limited research concerning children's attitudes toward death. The only instruments which even approached the early adolescent level were the Attitude Toward Death Scale (Hardt, 1975) for 13 to 26 year olds and the Early Adolescent Death Attitude Scale (Fauquet, 1980) for children in the sixth, seventh, and eighth grades.

In older populations, mainly college students and adults, investigations of death attitudes have been approached through a variety of models and dimensions. However, there did appear to be four broad divisions which emerge from the literature on this topic. The most

frequently investigated areas appeared to be those of fear of death (Bailis & Kennedy, 1977; Bell, 1975; Boyar, 1964; Gold, 1974; Leviton, 1974; Mueller, 1976; Nelson & Nelson, 1975), and death anxiety (Alexander & Alderstein, 1959; Nelson & Nelson, 1975; Rowe & Loesch, 1978; Templer, 1970). Attitudes concerning denial of death have been investigated by Gold (1974) and Nelson (1975). Attitudes concerning the acceptance of death have been studied by Kurlychek (1976).

A few studies (Ackerly, 1967; Alexander & Adlerstein, 1959; Beauchamp, 1974; Blake, 1969; Levinson, 1967; Rochlin, 1965) have alluded to children's fear of death. For example, Rochlin (1965) presented the following thesis:

children very early, perhaps around three or four, become aware that they will die but due to their overwhelming fear of death, they erect elaborate defenses against this concept. Thus the young child describes death as reversible and temporary in order to master the realization of death. (in Ackerly, 1967)

Beauchamp (1974), who studied the death perceptions of 3 and 5 year old children in the Midwest, reported that the older children exhibited less fear than did the younger children.

Gartley and Bernasconi (1967), who interviewed 60 children 5½ to 14 years of age, concluded that "children can accept death matter-of-factly, but acquired a fear of death by observing the behavior of adults" (p. 85). Cox (1979) and Zeligs (1967) findings also supported the view that children's death attitudes are affected by the parents and adults in their environment. On the other hand, Dugan (1977), who administered the Taylor Manifest Anxiety Scale and the Lester Fear of Death Scale to adolescents and their parents, reported that "fear of death in parents did not significantly influence that

attitude in children, nor was children's general anxiety score affected" (p. 230).

Blake (1969) investigated the death attitudes of adolescents as compared to older people as they related to the psychosocial developmental stages proposed by Erikson (1958, 1959, 1964). Adolescents reported more fear of death than older people. However, the older people tended to use denial more than the adolescents. Religious versus non-religious did not appear to be a factor. It should also be noted that these populations were white, Protestant, and middle-class.

O'Brien (1979) studied The Effects of Inclusion and Exclusion in Mourning Rituals on the Development of Children's Conceptual Understanding and Attitudes About Death. A questionnaire was administered to 174 children in an inner-city public school, a parochial school, and a Sunday school in the first, third, fifth, and seventh grades. O'Brien (1979) found that middle-class children were more likely to view death as painful and scary. Also, older children who had participated in mourning rites evidenced increased anxiety in regard to death.

Although little specificity is given, Melear (1973) placed some focus on clarifying the death anxiety of 41 children 3 to 12 years old among other issues related to their concepts of death. Melear (1973) reported that some degree of death anxiety was evident in 12 percent of the 3 to 7 year old children, and in 75 percent of the 5 to 12 year old children. He commented, "all of the children, except one, who exhibited anxiety also expressed a belief in an afterlife.

Perhaps this belief is an effort to overcome anxiety produced by the realization that death is final and universal" (p. 360).

Only one study made some investigation of children's acceptance of death. Rutzky (1979) examined the attitudes toward death of children who grew up in concentration camps. Like other death concepts, the children's responses varied according to their age.

Rutzky (1979) stated the following:

It is reported that the same mechanism and reactions are observed in those who witnessed killing and mass murders as in American children growing up in a peaceful environment. Children from concentration camps were not found to accept death more readily, even though their environment introduced them to loss repeatedly and might have inured them to death."(p. 101)

Anthony (1940) and Plotz and Plotz (1979) made some attempts to discern the meanings children attribute to death on both the cognitive and emotional level. Anthony (1940) suggested that children associated death with "inner fears and feelings about separation, loneliness, aggressive impulses, and birth" (p. 46). Plotz and Plotz (1979) suggested that children's attitudes toward death may have been associated with cultural factors.

Thus, there were relatively few studies which yielded any significant information concerning children's attitudes toward death. Further, many of the comments appeared to be more speculative and interpretive than descriptive. Other writings (Anthony, 1940; Harnik, 1930; Kotsovsky, 1939; Menninger, 1938; Osipov, 1935) theorized about children's feelings and reactions toward death, mainly from a psychoanalytic basis. However, little substantive investigation was offered to support the theories.

There was a body of information in the medical literature which addressed the many issues of caring for the terminally ill child and the needs of the family. In many cases, there was specificity as to the child's particular illness, such as cancer, leukemia, or congenital heart disease. The topic of the sudden traumatic death of infants and children was also addressed. However, the medical and psychiatric literature did not yield research on the attitudes of normal children concerning death and dying.

The specific topic of children's bereavement has received some attention in the literature. Stein (1974) reported that during childhood one out of every 20 children in the United States will lose a parent to death and that by the age of 16, one out of every five children will have lost at least one parent. Kastenbaum (1972) stated that the death of a parent has the "single and longest lasting" effect on children. He further suggested that "bereavement in early childhood has been implicated as the underlying cause of depression and suicide attempts in later life" (Kastenbaum, 1975, p. 186). Moriarity (1967) reported that his studies suggested that the case histories of a large number of juvenile delinquents indicate unresolved childhood grief. Fauquet's (1980) review of the literature revealed that "during childhood and early adolescence bereavement reactions are similar to those of adults: disbelief, physiological distress, guilt, fear, anger, and panic" (p. 7).

Miya (1972) theorized that the children's perceptions of death and dying were influenced by the three growth processes of (a) individual developmental levels of abstract and concrete reasoning, (b) parental attitudes, and (c) personal experiences.

Other studies (Cox, 1979; Escamilla, 1977; Gomez-Ossorio, 1978; Pinette, 1977; Zeligs, 1967) generally agreed that children's emotional reactions to death were largely determined by their age and developmental stage, their personal experiences, and the parents' responses to death. Pinette (1977) stated that "the limited understanding of the child is in itself a built in protection for the child against being plunged into the depressed condition that the adult might enter" (p. 6). On the other hand, Dugan (1977) presented data which supported the contrary point of view in regard to adolescent populations. Dugan (1977) used instruments, including the Taylor Manifest Anxiety Scale and the Lester Fear of Death Scale, to determine the nature of the fear of death in adolescents and their parents. This researcher stated the following:

Results indicated that fear of death in parents did not significantly influence that attitude in children, nor was children's general anxiety score affected. It was concluded that the nature of the fear of death in children is extremely complex and that: (1) adolescents do not correlate viewpoints with parents even though they are influenced by them; (2) unconscious death fear plays a major role in the psyche; (3) people tend not to think or are unable to think of the reality of their personal death even though they have confronted it in a specific life incident; and (3) this inability to think of or grasp the reality of personal death is especially true of persons who are in no imminent danger of death (adolescents). (p. 239)

Research Concerning Suicide and Children

In 1946 in The Manual of Child Psychology, Carmichael spoke of adolescent suicide as "a rarity." In 1979 the American Association of Suicidology reported that suicide was ranked as the second leading

cause of death among this nation's youth. The incidence has nearly tripled over the past 20 years. Green (1978) has associated self-destructive behaviors in children 5 to 12 years of age to factors of child abuse. Paulson, Stone, and Sposto (1978) conducted a three year study of 662 children, 12 years of age and under, who were identified as self-abusive or suicidal and in treatment at the UCLA Neuropsychiatric Institute. Pfeffer (1978) reported that over 100 suicidal children 6 to 12 years of age were treated at the Child Psychiatry Inpatient Service at Bronx Municipal Hospital in the previous four years. The National Clearinghouse for Poison Control Centers (1968) and several researchers (e.g., McIntire & Angle, 1973; Sobel, 1970; Teicher, 1970; Springthorpe, Oates, & Hayes, 1977) reported increasing admissions of children under 12 years of age to poison centers and/or emergency hospitals for accidents and "accidental overdoses." The National Center for Health Statistics reported 170 confirmed child suicides in 1975. In the State of Florida in 1977, five suicidal deaths were reported by children in the 5 to 14 year old range. Schnake (1972) estimated the ratio of suicide attempts to actual suicides is 50 to 8, while Jacobs (1971) estimated the ratio at 50 to 7. Jacobziner (1960) estimated the proportions at 50 to 1, while still higher ratios are cited by Tuckman (1962) at 120 to 1. Thus, there was considerable evidence suggesting serious and significant increase in suicidal attempts and suicidal behavior in children.

In the last few years Orbach and Glaubman (1978, 1979a, 1979b) produced some very interesting studies investigating the concepts of

death of normal, suicidal, and aggressive children. Zeligs (1974) and Orbach and Glaubman (1977) have postulated that suicidal behavior in the young could be partly attributed to the child's concept of death. It was suggested (Orbach & Glaubman, 1977) that suicidal children would likely evidence a more idiosyncratically distorted view of death than would normal children or children with other disturbances, such as problems of impulse control and aggression.

In 1978 Orbach and Glaubman individually interviewed 21 children, ages 10 to 12, who were either suicidal, aggressive, or normal according to school records and school services. All of the children were of low socioeconomic status; 20 were of Middle-Eastern origin, and one was of European origin. They lived in Ramat-Gan, Israel. The children were also matched for cognitive functioning by their performance on the Similarities subtest of the WISC. The children were then administered structured questionnaire based on a modified version of questions used in Koocher's (1974b) study. They were as follows:

One set consisted of questions about impersonal death, namely: How do things die?; What happens to things when they die?; Can dead things come back to life? The other set contained the same questions about personal death, namely: How do you think you will die?; What will happen to you when you die?; Can you come back to life after you die? (p. 405)

The responses for the first questions in the two sets were categorized as (a) natural death, (b) aggressive or brutal death, or (c) suicide and self-destruction. The categories for the second question were (a) burial process, (b) cessation of life activities or life process, (c) deterioration of the body, (d) continuation of the life process or

life activities, (e) reference to other people's reaction, or (f) other, such as don't know or the soul going to heaven. The third question in the two sets was classified into one of the following: (a) no return to life, (b) return to life in any form, or (c) other. The following results were reported:

Aggressive children, compared to the other groups, gave significantly more frequent responses of aggression and brutality as causes of death, and suicidal children gave more such responses than normal children. Suicidal children named suicide and self-destruction significantly more than any of the other groups. Responses of old age and illness were given mostly by normal children. The aggressive children gave the fewest responses of old age and illness as causes of death. The frequency of responses of old age and illness given by the suicidal children was intermediate between these two groups. . . . Normal children attributed cessation of life to the state of death to a significantly greater degree than the other two groups. Suicidal children, on the other hand, attributed life qualities to the state of death significantly more than aggressive or normal children. This difference was significant for responses about personal death and total responses but not for responses about impersonal death. . . . The data also indicate that the distortion in concepts that concern death is not related to differences in IQ because all three groups were equal in level of intelligence as measured in this study. (p. 853-856)

In a similar study a year later, Orbach and Glaubman (1979)^{a o b ?} presented measures and questions to 27 suicidal, aggressive, and normal children, ages 10 to 12 years old. The children were individually administered the Similarities subtest of the WISC, and interviewed with a modified version of questions from Koocher (1974) and Safier's (1964) questions regarding children's concepts of animism. Orbach and Glaubman (1979)^{a o b ?} found the following:

Suicidal children showed distortion in the death concept more frequently than the other group, but they showed no inferiority in their ability for abstract thinking.

The results favor the assumption that distortions in the death concept are specific and, therefore, can be attributed to a defensive process. "(p. 671)

Orbach and Glaubman (1978, 1979) repeatedly emphasized that a discussion of the concepts and meaning of death must be an essential part in the treatment of suicidal children.

McIntire et al. (1972) reported one of the more striking statistics from their interviews with the 598 Midwestern children 5 to 18 years of age. When asked, "Are there times when you really wished you were dead?" 238 (40 percent) of the children replied "occasionally" and 18 (3 percent) said "frequently." Those admitting frequent death wishes held less naturalistic views of death, evidenced more fantasy and imagery (such as reincarnation), and were more likely to believe in reversibility and cognizance for themselves after death. Ten of the 18 children reported that their death wishes were most often precipitated by family arguments or fear of punishment, and most often characterized by anger or sadness. Fourteen of the 18 children were Protestant. All of them were over the age of 10 years.

Thus, there was considerable evidence which suggests that suicide has become a matter of increasing frequency and concern among children and adolescents. Further, since very few studies have focused on the relationship between children's concepts of death and thoughts of suicide, continued investigation of children's concepts, thoughts, and attitudes toward death certainly seemed warranted.

CHAPTER III

METHODOLOGY

The assessment of death attitudes among elementary school age children occurred through structured interviews in the school setting. Self-reports in reference to discussions of self, a "friend," and the environment of death were used in the exploration of the death attitudes of denial, fear, anxiety, and acceptance. Each of these attitudinal dimensions were assessed in terms of the following frames of reference (as developed by Fauquet, 1980); death of self, death of other, and the environment of death. In the Early Adolescent Death Attitude Scale, Fauquet (1980) further included the frame of reference of the death ritual. However, this aspect was omitted in this study because it was believed that children in this study were likely to have had only limited exposure or experience with death rituals.

Sample Selection

For the purposes of this study, normal elementary school children were those in regular classes in the fourth and fifth grades who were determined to exhibit adequate adjustment in learning, behavioral, and social areas in the professional judgment of the investigator.

The age range was 7 years 6 months to 10 years 11 months, as of September 1, 1980. Children who had been retained and who were performing at an average level academically were included in the sample. Average was defined as "C" or better, or 2.0 or higher on a 4.0 scale, in the combined subjects of reading and mathematics. However, children who had been retained or who were performing below average academically; that is, below "C" or 1.9 on a 4.0 scale were not included. Children who were identified by the school Child Study Team as possibly educable, trainable, or profoundly mentally handicapped were not included. However, those who were receiving resource room delivery of special education services, e.g., speech, learning disabilities, and other categories of Exceptional Student Education were included in the sample. Children who were known to have experienced separation or loss of a parent or close friend, or a trauma related to death in the last two years were also ruled out. Thus, by the criteria, all of the children were functioning intellectually within the dull normal range or higher, and were not so severe in their learning, behavior, or other maladjustment problems so as to warrant full-time special education services in a setting other than the regular classroom.

The children were attending the public schools of Marion County, Florida. One school was selected from a suburban area in a community of approximately 120,000, and one school was selected from a rural area. Both schools had a pupil population between 450 to 800. There was selection of alternative schools in each category in case a local principal chose not to participate in the research project.

The principal was asked to select three fourth grade classes and three fifth grade classes in which he/she judged the receptivity and cooperation of the teacher to the research project to be optimal. The principal was also asked to write a cover letter to the parent consent form expressing support for the research study (see Appendix A). In a teachers' meeting, the nature of the study and the criteria for selecting the children was explained. Teachers were asked to identify eight students in their classes who met criteria. Parent consent forms were sent home with a request for return the next day. There were five or more consent forms returned for each class yielding a total N of 70.

Procedure

In November of 1980, cooperation on this study was solicited from the Director of Student Services, School Board of Marion County, as to how to proceed further in the school system. Subsequent contacts were made with the Supervisor of School Psychology Services, the Supervisor of School Counseling Services, and the appropriate school principals. The logistics were discussed in detail with the school principals and teachers in the identified schools. A copy of the research proposal was provided to each school. The school personnel and researcher developed a schedule as to the time and setting of the interviews. The structured interviews were conducted in a private room of the school guidance and administrative area. Each interview required approximately 20 minutes. There was insured freedom from distractibility, privacy, and additional optimal

conditions for the interview process. (The structured interview is recorded in Appendix B.) The interviews were conducted by the researcher who is certified by the Department of Education as a school psychologist, a school counselor, and an elementary teacher. She has had nine years experience as a school psychologist mainly in the elementary school setting.

The nature of this topic made it especially important for the structured interview to be conducted skillfully and sensitively. It was important that the child felt comfortable in the situation and trusting of the interviewer. Attention was given to the adequacy and appropriateness of the environment. It was characterized by privacy, comfort, safety, and familiarity. It was also important that the child develop feelings of trust, openness, and spontaneity. Thus, the initial part of the interview was designed to emphasize the examiner's acceptance, positive regard, and interest in the child. The child's responses and preferences were accepted readily thereby facilitating the development of a warm rapport. Only after rapport was adequately developed in the judgment of the interviewer were the questions on death attitudes asked. In the atmosphere of acceptance, warmth, and trust, it was anticipated that the child's responses were, therefore, relatively honest and accurate.

Data Collection

As much as possible, the demographic data on each child included the following: date of birth, sex, ethnic origin, grade, grade

point average, and number of retentions. Further, efforts were made to secure the following data from the structured interview and/or the report of school personnel: number of siblings, sibling position of the child, status of the parents or caregivers (natural or step), and parents' vocations. Data were collected concerning any recent events which may have been traumatic to the child in the areas of loss or separation. Specifically, this information focused on indication of loss of parent or significant others through death, divorce, or separation. Reported death of one or more pets was noted also.

Nature of the Data

The scoring concerning the six questions on concept of death has been developed by Koocher (1974b). The exact questions and scoring were used with the exception of one addition of an "other" category in the first set. The first two questions were the following:

1. How do things die?
2. How do you think you will die?

The above questions were scored according to the following categories:

- A. Natural Causes (e.g., old age)
- B. Aggressive Causes (e.g., murdered)
- C. Suicidal or Self-destructive causes (e.g., killed himself)
- D. Other (e.g., I don't know)

The next two questions were the following:

3. What happens to things when they die?
4. What will happen to you when you die?

The above questions were scored in one of these categories:

- A. Burial (e.g., put 'em in the ground.)
- B. End of Life (e.g., It's all over.)
- C. Deterioration (e.g., It gets rotten.)
- D. Continuation of Life Processes (e.g., You still know what's going on.)
- E. Other (e.g., I never thought about it.)

The next questions were as follows:

- 5. Can dead things come back to life?
- 6. Can you come back to life after you die?

The responses to these questions were scored as follows:

- A. No return
- B. Return in Any Form (e.g., I might be an angel.)
- C. Other (e.g., I really couldn't say.)

The subsequent questions which focused on death attitudes yielded responses in one of the following categories: Yes, No, Sometimes, or Other.

Data Analysis

Since this was basically a descriptive study, frequency distribution of the various responses to each of the questions concerning concepts of death (Koocher, 1974a) was calculated. In reference to each of the attitudinal dimensions of denial, fear, anxiety, and acceptance, a frequency distribution was calculated for grade level, GPA, retention in a grade, sex, ethnic origin, urban-rural setting, pet ownership, acquaintance

with death of a pet, and for the total sample. Further, responses were analyzed by percentages.

Validity

(concepts?)

The first six items in the death attitudes interview were developed by Koocher (1974) in exploring children's general conceptual understanding of death. The 12 questions concerning death attitudes were modified to some extent from the Early Adolescent Death Attitude Scale (Fauquet, 1980). In developing the EADAS, Fauquet (1980) established face validity, content validity, and construct (factorial) validity. A rather extensive three phase process of developing and selecting the items was completed by four reviewers who were counseling professionals of the following description:

a university professor who teaches a course in counseling research, a counselor education doctoral student who has had varied experiences with death in his role as an instructor and as a hospital chaplain, a doctoral student who is working in the field of gerontology, and a practicing school counselor with ten years' experience working with early adolescents. (p. 19)

Among the criteria for the items was the establishment of a fourth grade readability level as determined by a reading specialist through readability analysis. The EADAS was administered as a pencil and paper test.

The children in this study, however, were not asked to read the statements, but to listen and respond to them in a structured interview procedure. Oral responses were recorded by the interviewer.

Elementary school children vary widely in their reading skills. Therefore, the limitation of reading was eliminated as a factor through the structured interview format.

Reliability

In order to establish inter-rater reliability, two other certified school psychologists were asked to evaluate and categorize the responses of three children. Comparison was made with the judgment of the researcher regarding the categorization of the responses.

Although no reliability procedure as such was used in this study, these modified items are based on those developed in the EADAS (Fauquet, 1980), in which reliability was established by test-retest procedures using the Pearson Product Moment Correlation Coefficients and by determining the internal consistency of the instrument by comparing split half variances using Cronbach's Alpha reliability coefficient. The total test-retest reliability was $r = .77$ ($p < .01$). The reliability coefficient (split-half) was $r = .89$ ($p < .01$).

It is believed that children at the pre-adolescent level are more responsive to the structured interview approach than to a Likert-type scale using paper and pencil. In that adequate rapport in the interview situation was clinically established and in that the factor of readability level was essentially eliminated the present format was determined to be adequate for data collection with normal children at the fourth and fifth grade levels.

It was assumed that the data indicated the attitudes of normal elementary children toward death through self-report. The children's responses were spontaneous, honest, and accurate because of the

structured interview design. The structured interview design provided for an adequate environmental setting, an age appropriate manner of administration, and a child-centered format of interaction.

Methodological Limitations

To some extent, one may question whether self-report fully reflects the child's concepts and attitudes concerning death and suicide. Also, the sample of one or two questions in each area may seem rather limited. However, one must consider the general tendency of children to be rather direct and honest in an accepting environment, as well as their limited attention span in task-oriented situations.

CHAPTER IV

RESULTS

The present data were derived from the purposes of this study: specifically, an exploration of normal children's attitudes toward death. Normal children's general concepts of death and of the attitudes of fear, denial, anxiety, and acceptance in reference to death of self, death of other, and the environment of death were investigated. There was also an examination of various demographic variables which have sometimes been shown to be related to normal children's death concepts and death attitudes.

Sampling Procedure

The children sampled were randomly selected according to the previously specified criteria from three fourth grade classrooms and three fifth grade classrooms in each of two schools. In each of the 12 classrooms, eight parent consent forms, with supporting letters by the school principals, were sent home. No less than five were returned in every class. All children who returned affirmative consent forms were initially interviewed. However, two interviews were eventually eliminated because more careful scrutiny revealed

that the children did not meet the selection criteria. Thirty-five fourth grade children and 35 fifth grade children yielded valid interviews that were used in the data analysis.

A total of five parent conferences were held following the interviews with the children. Four conferences were by parent request and one was by the request of the researcher. In one of these cases, it was decided to eliminate the child's interview from the sample due to situational adjustment difficulties in the child. It should be noted that this child's parents were already in the process of pursuing appropriate treatment.

Demographic Data

A total of 31 male (44 percent) and 39 female (56 percent) students were interviewed. Thirty-seven children (53 percent) were from the urban school and 33 children (47 percent) were from the rural school. The grade point averages of the children were as follows: 21 percent had an A average, 63 percent had a B average, and 16 percent had a C average. Only 9 percent of the children had ever been retained in grade level.

The age data revealed that 16 percent of the children were in the range 8 years 9 months to 9 years 6 months old, 54 percent of the children were in the range 9 years 7 months to 10 years 6 months old, and 30 percent were in the range 10 years 7 months to 11 years 1 month of age. In terms of ethnic characteristics, 93 percent of the children were Anglo-American, 6 percent were Afro-American, and 1 percent were Asian American.

Because attitudes toward death might be related to religious beliefs, inquiries of religious preference were made. The expressed religious preferences were as follows: 34 percent were Baptist, 13 percent were Methodist, 4 percent were Presbyterian, 11 percent were Catholic, and 24 percent expressed other preferences. The other 13 percent reported no preference or did not attend church.

In all cases, the children were living with their biological mothers. Also, 80 percent were living with their biological fathers. Of those children who were from homes where the parents were divorced, almost 60 percent of the children were three years old or younger at the time of the divorce. In regard to siblings in the home, approximately 10 percent of the children had no siblings, almost 60 percent had one sibling, and approximately 30 percent had three or more siblings. This included natural, step, and half siblings by family structure. *

When asked whether they presently owned or have ever owned a pet, 84 percent of the children reported yes and 16 percent reported no. When asked whether they had ever had a pet die, 80 percent responded positively. In 21 percent of the cases, the children had acquaintance with death of pets in two or more instances. Twenty percent of the children had no such incident in their lives with pets of their own.

The employment of the parents was noted. Approximately three-fourths of the mothers were gainfully employed outside the home. Ninety-three percent of the fathers were employed outside the home. The parents' occupations were categorized by the same criteria of the five condensed categories as recorded in the Weschler Intelligence

Scale for Children - Revised. The incidence of the parents occupations is recorded in Table 1.

Table 1
Occupational Status of Mothers and Fathers

Category	Mothers	Fathers
1. Not employed	34%	9%
2. Professional and technical workers	7%	19%
3. Managers, officials, proprietors, clerical workers, and sales workers	40%	30%
4. Craftsmen and foremen	1%	24%
5. Operatives, service workers, farmers, and farm managers	10%	13%
6. Laborers, farm laborers, and farm foremen	7%	6%

Questions Related to Children's Concepts of Death

The purpose of this study was to explore children's concepts of death. Using questions initially designed by Koocher (1974), there were analyses of the children's responses concerning personal and impersonal death. Table 2 summarizes the analyses of the data regarding what children viewed as causes of death. Most of the children (70 percent) reported that the cause of death of other things (i.e., animals) was usually due to old age, illness, or both. More importantly, nearly 90 percent of the children stated that their own deaths were expected

to be from these causes. Approximately 10 percent believed that death was likely to occur from aggressive causes, such as a car accident or getting shot or kidnapped. A small percentage (6 percent) believed that death comes when "God decides." No children reported suicide as a cause of death.

Table 2
Children's Views of the Causes of Death

Causes	<u>Impersonal</u> (How do things die?)	<u>Personal</u> (How do you think you will die?)
1. Old age	24%	61%
2. Illness, heart attack, cancer, etc.	34%	24%
3. Old age and illness	13%	3%
4. Aggressive causes (car accident, etc.)	10%	9%
5. Old age and aggressive causes	9%	1%
6. Suicidal causes	0	0
7. God decides	6%	1%
8. Other	4%	0

Table 3 summarizes the data analyses regarding children's views as to what happens after death in reference to other things (impersonal death) and themselves (personal death). Thirty percent of the children stated that things and themselves would be buried after death. Approximately 50 percent expressed a belief in some kind of

continuation of life. Most of these responses were "Go to heaven." Twenty percent of the children reported that things deteriorate when they die. However, only 10 percent reported that they would deteriorate when they died. One percent or less expressed the belief that death was the total end of life.

Table 3
Children's Views of Conditions After Death

Conditions After Death	Impersonal (What happens to things when they die?)	Personal (What will happen to you when you die?)
1. Burial	30%	31%
2. Burial and continuation	7%	3%
3. Burial and deterioration	6%	3%
4. Continuation	41%	48%
5. Deterioration	14%	7%
6. End of life	1%	0
7. Other	0	7%

Table 4 summarizes the data analyses regarding children's views as to whether dead things can come back to life and as to whether they can come back to life after they die. Seventy percent of the children reported that they believed dead things could come back to life.

Fifty-four percent stated that they could come back to life after they died. Most of the remaining children held opinions to the contrary.

Table 4
Children's Views Concerning Life After Death

	Yes	No	Other
Impersonal			
Can dead things come back to life?	70%	26%	4%
Personal			
Can you come back to life after you die?	54%	43%	3%

Questions Related to Children's Attitudes Toward Death

A second purpose of this study was to investigate children's attitudes toward death. Questions adopted from Fauquet (1980) were modified to examine the presence of the attitudes of denial, fear, anxiety, and acceptance in regard to death of self, death of other, and the environment of death. Refer to Table 5 for a summary of the data.

Denial

In examining the attitude of denial toward death in children, most 77 percent of the children report some denial in regard to their own death. There was considerably less denial in reference to the death of another. Forty percent of the children reportedly experienced

Table 5
Responses Concerning Attitudes Toward Death

	Yes	No	Sometime	
Denial				
1. Do you sometimes feel this way: I don't like to think about how I will die? (self)	77%	10%	13%	100%
2. If a friend died, do you feel you would ever want to talk about it with anybody? (other)	46%	40%	14%	100%
3. Would you ever want to go where a friend is dead? (environment of death)	81%	14%	4%	99%
Fear				
1. Are you afraid of dying? (self)	50%	37%	13%	100%
2. Would the death of a friend scare you? (other)	67%	21%	11%	99%
3. Are you scared to go to a cemetery? (environment of death)	24%	60%	16%	100%
Anxiety				
1. Do you worry about dying? (self)	31%	39%	30%	100%
2. Does the thought of a friend dying upset you? (other)	79%	9%	12%	100%
3. Does a cemetery make you upset? (environment of death)	33%	49%	18%	100%
Acceptance				
1. Does it bother you to think about how you may die? (self)	29%	61%	10%	100%
2. Would you want to visit a dying friend in the hospital? (other)	71%	23%	6%	100%
3. Would you be willing to go where a friend is dead? (environment)	71%	23%	6%	100%

Handwritten note:
Sometimes I am
not sure I am
not sure I am
not sure I am

denial in regard to talking about the death of a friend. Fourteen percent of the children expressed a willingness to discuss the death of a friend sometimes. Forty-six percent reported a clear willingness to do so. There appears to be even less tendency for the children to deny the environment of death, since only 14 percent reported denial in this area. On the other hand, 81 percent of the children did not express denial in this area.

Fear

In reference to the attitude of fear toward death, more (67 percent) children reported a sense of fear over death of a friend than over their own death (50 percent). Thirty-seven percent of the children stated that they were not afraid of dying. In regard to the environment of death, only 24 percent reported that they were afraid to go to a cemetery. Many of these qualified their responses by expressing the fear of doing so alone or at night. Sixty percent of the children stated that they were not afraid to go to a cemetery. Sixteen percent apparently experienced the fear sometimes.

Anxiety

In examining the attitude of anxiety toward death, 31 percent of the children stated that they did worry about their own death. Approximately one-third (30 percent) worried about dying sometimes. Thirty-nine percent of the children reported that they do not worry about dying. Many children (79 percent) indicated that they experienced anxiety over the thought of a friend dying. Twelve percent reportedly experienced such anxiety sometimes. Only 9 percent reported no anxiety

over the death of another. One third (33 percent) of the children indicated anxiety in the environment of death. Almost half (49 percent) reported experiencing no anxiety in the environment of death (specifically a cemetery). Eighteen percent reported the experience of such anxiety sometimes.

Acceptance

In regard to the attitude of acceptance toward death, 61 percent of the children reported some sense of acceptance in regard to their own deaths. Twenty-nine percent did not indicate such acceptance. Ten percent reported acceptance sometimes. Many of the children (71 percent) reported acceptance of the death of another. Twenty-three percent did not. Six percent expressed acceptance of the death of another sometimes. Thirty-seven percent expressed acceptance toward the environment of death. Twenty-eight percent did not. Five percent of the children reported such acceptance of the environment of death sometimes.

Comparison of Attitudes Within Personal Death, Impersonal Death, and the Environment of Death

There was a range of attitudes expressed by the children concerning their own death. The majority of the children (77 percent) expressed occasional denial of personal and half expressed fear. One-third of the children expressed anxiety and one-third expressed acceptance of their own deaths.

In general, there was less variability of attitudes concerning impersonal death (death of another). Approximately half of the children expressed denial and 67 percent expressed fear concerning

the death of a friend. Four out of five children indicated anxiety over the death of a friend. Very importantly, 71 percent of the children also expressed acceptance of another's death.

There was some variability of attitudes concerning the environment of death. Approximately one in five children expressed denial or fear. Only one-third of the children expressed anxiety. Almost 40 percent of the children indicated acceptance of the environment of death.

Differential Trends Relative to Sex, Grade, School, GPA, and Retention

Although there may be some question concerning the validity of the chi square analyses due to the sparse number of responses in several cells of the tables, certain trends and characteristics are suggested. Analysis of the data indicated that the children's views of death and death attitudes may tend to be different in some respects relative to the demographic characteristics of sex, grade, school, grade point average, and retention.

In regard to responses relative to sex, minor differences were noted (refer to Table 6). For instance, more females (28 percent) than males (19 percent) attributed the cause of their personal death as being due to illness, heart attacks, and similar reasons. Significantly more males (26 percent) than females (5 percent) stated that things deteriorate after death. On the other hand, more females (46 percent) reported that things continue to exist in some manner after death than did males (35 percent). In regard to attitudes, 77 percent

of the females and 55 percent of the males reported some fear in regard to the death of another. Also, more females (46 percent) than males (32 percent) expressed denial in regard to the environment of death. Considerably more females (56 percent) than males (42 percent) also expressed fear in regard to their own death. More females (79 percent) than males (70 percent) also tended to deny death in regard to themselves. Table 6 summarizes the data in this area.

Table 6
Differences in Responses Relative to Sex

	Males	Females
<u>Concepts</u>		
Attribute major cause of personal death to illness, heart attack, and similar reasons (Cause)	19%	28%
Report a belief that things deteriorate after death (Condition)	26%	5%
Report a belief that things continue to exist after death (Life After Death)	35%	46%
<u>Attitudes</u>		
Express denial regarding personal death (D-S)	70%	79%
Express denial regarding environment of death (D-E)	32%	46%
Express fear regarding personal death (F-S)	42%	56%
Express fear regarding impersonal death (F-O)	55%	77%

In regard to differences relative to grade, concepts and attitudes were explored. (Refer to Table 7.) Little or very little difference was noted between the two grades. More fourth graders (16 percent) than fifth graders (9 percent) attributed old age as being the major cause of death for other things. Also, more fifth graders (20 percent) attributed aggressive causes to the death to other things while no fourth graders named such a category. More fourth graders (31 percent) than fifth graders (17 percent) viewed illness and related causes to their own deaths. More fifth graders (14 percent) than fourth graders (3 percent) also attributed their own deaths to aggressive causes, such as car accidents. More fourth graders (49 percent) than fifth graders (34 percent) expressed the view of some nature of continuation of life after death. Several fifth graders (14 percent) expressed a view of the end of life at death while no fourth graders expressed such a view. In regard to death attitudes, 20 percent of the fifth graders expressed denial in regard to their own deaths while no fourth graders did so except on the basis of "sometimes." Almost 20 percent more fifth graders than fourth graders also expressed fear and anxiety in regard to their own deaths. On the other hand, more fourth graders (14 percent) expressed anxiety in regard to the death of another than did fifth graders (3 percent). More fourth graders (80 percent) than fifth graders (63 percent) also expressed acceptance of the environment of death.

Table 7
Differences in Responses Relative to Grade

	Fourth	Fifth
<u>Concepts</u>		
Attribute major cause of personal death to illness	31%	17%
Attribute major cause of personal death to aggressive causes	3%	14%
Attribute major cause of impersonal death to old age	16%	9%
Attribute major cause of impersonal death to aggressive causes	0	20%
Report a belief in continuation of life after death	49%	34%
Report a belief in end of life after death	0	14%
<u>Attitudes</u>		
Express denial regarding personal death	0	20%
Express fear and anxiety regarding personal death		
Express anxiety regarding impersonal death	14%	3%
Express acceptance regarding environment of death	80%	63%

In comparing the attitudes expressed between urban and rural children, some differences were noted. Table 8 summarizes the data in this area. More urban children (76 percent) believed that they will die of old age than did rural children (45 percent) who suggested

Table 8
Differences in Responses Relative to Rural-Urban Setting

	Rural	Urban
<u>Concepts</u>		
Attribute major cause of death to old age	45%	76%
Attribute major cause of personal death to illness, heart attack, and similar reasons	33%	16%
Report a belief that things are buried after death	42%	19%
Report a belief in continuation of life after death	30%	51%
<u>Attitudes</u>		
Express denial regarding personal death	85%	24%
Express denial regarding impersonal death	76%	49%
Express denial regarding environment of death	58%	24%
Express anxiety regarding personal death	39%	24%
Express acceptance regarding personal death	27%	51%
Express acceptance regarding environment of death	67%	76%

that cause. About twice as many more rural children than urban children (33 percent to 16 percent) attributed the causes of their own deaths to illness, heart attack, or other similar reasons. Considerably more rural children (42 percent) viewed things as being buried after death than did urban children (19 percent). On the other hand, more urban children (51 percent) viewed a continuation of life after death than did rural children (30 percent) who expressed such a view. More rural children (76 percent) than urban children (49 percent) expressed the attitude of denial in regard to another's death. Almost twice as many rural children (58 percent) than urban children (24 percent) expressed denial in regard to the environment of death. Also, more rural children (39 percent) than urban children (24 percent) reported anxiety over their own deaths. Eighty-five percent of the rural children compared to 68 percent of the urban children expressed the attitude of denial in regard to their own deaths. On the other hand, 51 percent of the urban children expressed more acceptance of their own deaths as compared to 27 percent of the rural children. Also, more urban children (76 percent) expressed more acceptance of the environment of death as compared to 67 percent of the rural children.

There was some differentiation of children's attitudes relative to their grade point averages (refer to Table 9). Children with lower GPA's increasingly viewed illness as the cause of death of other things. The percentages who attributed death due to illness were 13 percent of those children with A averages, 39 percent of those children with B averages, and 45 percent of those children with C

averages. Children with lower GPA's also increasingly viewed themselves as able to come back to life after they die. The percentage of children who responded positively to that concept were as follows: 33 percent of those with A averages, 55 percent of those with B averages, and 82 percent of those with C averages. There was also a slight trend for children with lower GPA's to express the attitude of denial in reference to their own deaths. Sixty-seven percent of the A students expressed such denial; 77 percent of the B students did; and 82 percent of the C students did so. A similar trend, but less obvious, was also suggested in regard to denial of the death of another.

A stronger trend of increasing denial toward the environment of death was noted as children's GPA's become lower. Specifically, 27 percent of the A students reported such denial; 39 percent of the B students did; and 64 percent of the C students stated denial of the environment of death. More students (55 percent) with GPA's of C seemed to experience anxiety of their own deaths more than did students with GPA's of A (27 percent) or B (27 percent). Also, more C students (100 percent) reported anxiety over the death of another than did A students or B students.

There were some differences in responses among children who were retained as compared to those who were not retained (refer to Table 10). Half of the children who were retained viewed illness as the cause of their deaths as compared to 22 percent of those who were not retained. Sixty-seven percent of those who were retained reported a view of continuation of life after death as compared to approximately

Table 9
Differences in Responses Relative to Grade Point Average

	A	B	C
<u>Concepts</u>			
Attribute major cause of death to illness	13%	39%	45%
Report a belief in coming back to life after personal death	33%	55%	82%
<u>Attitudes</u>			
Express denial regarding personal death	67%	77%	82%
Express denial regarding environment of death	27%	39%	64%
Express anxiety regarding personal death	27%	27%	55%
Express anxiety regarding impersonal death	80%	77%	100%

Table 10
Differences in Responses Relative to Retention

	Retention	No Retention
<u>Concepts</u>		
Attribute major cause of death to illness	50%	22%
Report a belief in continuation of life after death	67%	40%
<u>Attitudes</u>		
Express fear regarding environment of death	0	27%
Express anxiety regarding personal death	17%	33%
Express acceptance regarding personal death	67%	44%
Express acceptance regarding impersonal death	100%	80%

40 percent of those who were not retained. Commensurate attitudes and percentages were also evident in regard to the view that one could come back to life after death. No children who were retained reported fear of the environment of death, while 27 percent of those who had never been retained reported such fear. Twice as many students who were never retained (33 percent) express anxiety over their own deaths as did students who had been retained (17 percent). All students who had been retained reported acceptance of death in regard to another while 80 percent of the non-retained students expressed acceptance. Approximately two-thirds of the retained students reported acceptance of their own death while only 44 percent of the students who had never been retained expressed acceptance.

Influences of Ethnic, Social and Familial Characteristics

In that 93 percent of the children were Anglo-American, an interpretation of the differential responses by ethnic group did not seem warranted.

There were no differential trends relative to the children's religious preference.

There appeared to be no differential trends in the children's responses relative to the married or divorced status of the parents, employment status of the parents, or the number of siblings in the family. The homogeneity of the population in some characteristics and the considerable scatter in other characteristics were perhaps factors in the limited distribution of the data relative to these characteristics.



Differential Trends Relative to Ownership and
Acquaintance with the Death of a Pet

There were several instances in which children who owned pets tended to respond differently from those children who did not own pets. Table 11 summarizes the data in this area. More children who owned pets reported illness as a cause of death, including their own death, as compared to such reports from only 9 percent of the children who had never owned a pet. Forty-three percent of the children who owned pets reported a continuation of life after things die as compared to 27 percent of those children who had not owned pets making such reports. Also, 17 percent of those children who had owned pets described some kind of deterioration after death, while none of the children in the other category did. Twice as many children who had never owned pets (55 percent) reported that burial is what happens to things after they die. Similar frequencies of responses were noted between the two groups of children in regard to what happens after personal death in the areas of burial and continuation of life in some manner after death. In regard to attitudes, children who owned pets tended to have less denial concerning the death of another and in regard to the environment of death as compared to children who did not own pets. Also children who owned pets expressed fear of the environment of death less frequently (18 percent less) than children who did not own pets.

There was an examination of the responses regarding children who never had a pet die, experienced the death of one pet, or experienced two or more deaths of pets. When asked, "What happens to things when

Table 11
Differences in Responses Relative to Pet Ownership

	Own Pet	No Pet
<u>Concepts</u>		
Attribute major cause of personal and impersonal death to illness	38%	9%
Report a belief in continuation of life after impersonal death	43%	27%
Report a belief in deterioration after death	17%	0
Report a belief in burial after impersonal death	27%	55%
<u>Attitudes</u>		
Express denial regarding impersonal death	59%	73%
Express fear regarding environment of death	22%	36%

they die?" 60 percent of the children who experienced multiple deaths of pets reported continuation of life as compared to approximately 35 percent in both of the other categories. Further, only 6 percent of the children who had experienced multiple deaths of pets reported burial as compared to approximately 36 percent of the children in both of the other categories. When asked, "What will happen to you when you die?" no children who had experienced multiple deaths of pets reported burial, while approximately 40 percent of the children in the other two categories reported burial for themselves. In response to the same question, 27 percent of the children who experienced multiple deaths of pets reported deterioration, while no children who had one pet die made such a report. Seven percent of the children who had never experienced the death of a pet made such a report.

Attitudes of children toward death of a pet are reported in Table 12. Children who had never experienced the death of a pet expressed denial of the environment of death only half as often as those children who had experienced deaths of pets (22 percent to approximately 45 percent). Children who had experienced deaths of pet(s) fear of the death of another more frequently (17 percent to 23 percent more) than did children who had not experienced any deaths of pets, about half of whom expressed fear. On the other hand, children who had experienced deaths of pets expressed fear less frequently in regard to their own death (10 to 18 percent less frequently) than did children who had never known the death of a pet. Children who had experienced deaths of pets generally expressed anxiety over the death of another more often than those who had not experienced death of a pet. Specifically, when asked, "Does the thought of a friend dying upset

Table 12

Differences in Responses Relative to None, One,
or Multiple Deaths of Pets

	None	One	Multiple
<u>Concepts</u>			
Report a belief in continuation of life after impersonal death	36%	37%	60%
Report a belief in continuation of life after personal death	29%	49%	67%
Report a belief in burial after impersonal death	36%	37%	6%
Report a belief in burial after personal death	36%	41%	0
Report a belief in deterioration after death	0	7%	27%
Report a belief that things do not return to life after death	43%	78%	73%
<u>Attitudes</u>			
Express denial regarding environment of death	22%	44%	47%
Express fear regarding impersonal death	50%	73%	67%
Express anxiety regarding environment of death	64%	44%	47%
Express anxiety regarding impersonal death	57%	88%	73%

you?" 57 percent of the children who had never known the death of a pet responded yes; 57 percent of the children who had known the death of one pet responded yes; and 73 percent of the children who had known multiple deaths of pets responded positively. Sixty-four percent of the children who experienced no deaths of pets reported no anxiety in regard to the environment of death. On the other hand, approximately 45 percent of the children who had experienced deaths of pets expressed no anxiety. There were no clear differentiations in regard to the attitude of acceptance toward death.

Interview Closure Activities

At the conclusion of the specific questions investigating death concepts and attitudes, a few open-ended questions for closure and a drawing activity were provided. The children were asked, "Is there anything else you would like to tell me about this?" Seventy-three percent of the children responded negatively. The children were also asked, "Is there anything you would like to ask me?" Fourteen percent of the children did have questions, 86 percent of the children did not. Table 13 summarizes the questions. When asked, "Is there anyone else you would like to talk with more about living and dying?", 13 of the children responded positively, mainly naming a parent. Table 14 specifies the persons the children identified for further discussion. Finally, the children were asked to draw a picture of anything they would like to draw before leaving. Ninety-six percent of the children drew pictures of themes typical of their

Table 13
Questions Children Asked the Researcher

Child	Question
Child #1	"Is it true when you die they'll burn you?"
Child #13	"If a person smokes, how long 'til they die?"
Child #16	"How do diseases get started?" (Later, child expressed worry over mother smoking.)
Child #18	"Do ghosts come back to families?"
Child #22	"How old do people get?" "Can you die of a heart attack?" "Could God bring you back to life?" "Can you read other people's minds?"
Child #24	"How can you read people's minds?"
Child #25	"How do you feel about dying?"
Child #35	"Why do you ask children these things?" "Do you work here?"
Child #38	"How do you feel about it?"

Table 14
Persons Identified by Children to Ask Further Questions

Child	Identified Person
Child #2	Parents
Child #8	Neighbor (who had a recent death in family)
Child #13	Doctor or Mother or Nurse
Child #26	Mother
Child #47	Parents
Child #49	Anyone
Child #52	Parents
Child #56	Mother
Child #58	Anyone
Child #68	Doctor

special interests, such as people, cars, scenes with trees and flowers and other content. However, 4 percent drew pictures of a death related scene.

Clinical Impressions

In most cases, the children were informally met at the classroom door by the researcher and escorted to the private conference room. On the way, the researcher identified herself as the one who had sent the note home for the child's parents to sign the preceding day. The children were asked if their parents had made any comments concerning the consent form. The children often shrugged as though it was a rather insignificant event. They usually stated that the parents had asked the child whether he/she had a willingness to participate in the interview. The researcher often asked what the child decided and the response was commonly, "Sure" or "It's OK with me." The mood of the children seemed to be one of willing cooperation, relaxation, and interest, except in one case in which the data could not be obtained.

During the structured interviews all children readily responded to the initial activity of drawing a picture of a person. This activity seemed to give the children opportunities to become accustomed to the setting and to focus on a self-directed task which did not require much interpersonal interaction. In most cases, rapport was established with ease. The format of the structured interview typically proceeded with a continued sense of interest and cooperation on the part of the child. Very few asked for clarification on the

questions concerning their concepts and attitudes toward death. Most children responded rather quickly and spontaneously. Some children responded slowly, with apparent thoughtful deliberation. In general, there was more hesitation and reflection on questions concerning the death of a friend than on the questions concerning the environment of death or personal death.

The closure activities were particularly useful. The few children who had additional comments seemed to find the opportunity to do so an important one. The closing remarks usually focused on more detailing of the events surrounding the death of a relative or pet.

When given the opportunity to ask the researcher questions, approximately 13 percent ($n = 10$) of the children chose to do so. Examples of these questions are listed in Table 13. It is interesting to note that over half the questions reflected a need for information. Two of the nine children expressed related concerns over the possible dangers of their parents' smoking. Several questions reflected a healthy curiosity over the researcher's interest and activities in this area. The two questions relating to the researcher's ability "to read other people's minds" were apparently prompted by a classroom teacher's remarks which stated such. These questions are viewed as extraneous artifacts of the investigation.

It is interesting to note the persons whom the children identified for further discussion. More than half the normal children identified their parents. This likely reflected very healthy positive relationships in the family constellation. The two identifications of medical personnel seemed to again reflect the children's need for

accurate information relating to their concerns over health, life, and death.

The final activity of drawing a "picture of anything you would like" provided an opportunity for spontaneous self-expression. It is important to note that 96 percent of the pictures were not death related drawings. The majority of the drawings were judged to be clinically healthy drawings with content such as trees, houses, nature scenes, cars and other vehicles, and so forth. In those cases of death related scenes, the researcher further examined the child's adjustment to determine whether there was need for concern. In the two cases in which concern was warranted, conferences with the children's parents were scheduled. Further responsible action was pursued.

The parent conferences were cordial. All the parents expressed genuine interest in the healthy adjustment of their children. A few inquired whether their child evidenced apparent difficulties in the area of death and dying which may need special attention. In two cases, parent awareness of their child's attitudes seemed advisable. In one instance, a discussion regarding provision for the child's safety in the event of the parents' deaths seemed advisable. Appropriate professional services were advised and scheduled in a second case. Most parents stated that they believed the interview with their children had been a very positive, constructive event. They expressed strong interest regarding their children's healthy adjustment in all areas of life, including the matters of death and dying.

CHAPTER V

DISCUSSION

Limitations Regarding Generalizability

It is important to determine appropriate limits for generalization of the results of this study. The present results can appropriately be generalized to normal Anglo-American children in the fourth and fifth grade classes who reside in urban or rural settings. However, the differential trends of these characteristics as well as the child's sex, grade point average, retention history, ownership of a pet, and acquaintance with death of a pet should be kept in mind.

In that 93 percent of the children were Anglo-American it is prudent to draw conclusions from the data only as they relate to Anglo-American children in the United States. Even though there were minor distinctions between the responses of the children in urban and rural settings, between fourth grade and fifth grade children, between males and females, and among grade point averages, there should certainly be a recognition of these factors in the population. In that there appeared to be no clear distinctions in the responses from children of varying social-familial descriptions, guarded acceptance of any implications of the data as they relate to those areas is appropriate. Further study of the possible

relevance of these factors with a large N would also be appropriate. These many characteristics are, of course, applicable to normal children in basically regular classroom settings.

Conclusions

Children's Concepts Concerning Causes of Death

Analyses of the data concerning children's concepts of the causes of personal and impersonal death, conditions after personal and impersonal death, and the finality of personal and impersonal death reveal a significant range of responses in most of the areas of exploration.

In regard to children's views of how other things die compared to the causes of their own death, the view of one's own personal death being due to old age was expressed nearly three times more frequently than old age being the cause of death of animals. Perhaps old age is believed to be a more acceptable and less threatening way to die than the other possible causes such as illnesses, heart attacks, or aggressive causes. This concept is further supported in comparing the differences in responses concerning personal and impersonal deaths as being due to illness, heart attacks, cancer, and related causes. Specifically, illness was reported as the cause of death for other things more (34 percent) than it was reported as the cause of one's own death (24 percent).

It is important to note that approximately 10 percent of normal children apparently attribute aggressive causes, such as car accidents, being kidnapped or killed, to a possible actual cause of either

personal (death or self) or impersonal (death of other things) death. In evaluating the emotional adjustment of children particularly concerning death, this finding should be viewed with care.

Although not a common response, the view of aggression as a cause of death also may not necessarily be a deviant response. Such a view would likely need to be evaluated in the context of additional evaluative data relative to the child's emotional adjustment. It is important to compare this finding to Orbach and Glaubman (1978) who reported that "aggressive children . . . gave significantly more frequent responses of aggression and brutality as a cause of death, and suicidal children gave more such responses than normal children" (p. 852).

It is also interesting to note that none of the children attributed suicidal causes to either their personal deaths or to the deaths of other things. This finding also corroborates the work of Orbach and Glaubman (1978) who found that (normal) children seldom identified suicide as a cause of death. However, suicidal children named suicide and self-destruction significantly more as a cause of death. Thus, there is the strong indication that children who suggest suicide as a possible cause of death may indeed be pre-suicidal.

Some attention must be given to the 6 percent (four children) who stated that other things die because "God decides." Although the data are too sparse to draw any conclusions, perhaps there is the implication that children accept God's decisions for the fate of other living things more readily than for the conditions of their own lives. Further, investigation of the conditions of the role or

relationship of religious or spiritual views in regard to children's concepts of death seems to warrant some consideration. Blum (1976), Chasin (1971), Gartley and Bernasconi (1967), McIntire et al. (1972), O'Brien (1979), and Zweig (1977) have alluded to or investigated children's views or concepts concerning death relative to religious training. However, mixed results are reported in the studies yielding no clear conclusions at this time.

Children's Views Concerning Conditions After Death

Perhaps the most striking feature of these data was the relatively little variability of children's responses in comparing personal and impersonal deaths. There was no more than a 7 percent (5 out of 70) difference in any of the seven categories describing conditions after death. Approximately one-half of the children reported that burial or burial with continuation or deterioration will happen after death. A significant percentage of children (almost half) reported the view of a continuation of life in some manner after death. Most commonly, this was described as "go to heaven" or "go to heaven or go down there." These views corroborate the work of Orbach and Glaubman (1978, 1979) and Zeligs (1974) as it relates to normal children compared to aggressive children and pre-suicidal children.

On the other hand, do 50 percent or so children who did not describe some type of continuation after death believe that death is indeed final? This issue becomes more complex in viewing the children's responses to the questions, "Can dead things come back to

life?" and "Can you come back to life after you die?" Nearly three-fourths of the children stated that dead things come back to life and approximately half of the children expressed such a view in regard to themselves. Analysis by sex suggests that almost half of the females expressed a belief in continuation of life after death as compared to one-third of the males. Also, fourth graders tend to express the view of continuation more often than fifth graders (49 percent to 34 percent). Further, approximately 50 percent of the urban children expressed a view of continuation of life compared to one-third of the rural children. Children with lower GPA's also view continuation of life more frequently.

In contrast, Nagy (1948) found that nine to ten year olds tended to view death as a permanent and irreversible process. Melear's (1973) results support this finding. Kane (1979) reported that death was viewed as irrevocable and dysfunctional by children when they are six years of age. On the other hand, McIntire et al. (1972) presents data which support this study. McIntire et al. (1972) stated, "the belief in spiritual continuation peaked at the ages of 13 to 14 years" (p. 530). The perception of continuation was as high as 93 percent in 11 to 12 year olds. Blum (1975) also found that Christian (Catholic) children tended to believe more in after life significantly more than Jewish children. Thus, there does not appear to be a clear definition of children's concepts in this area. Certain demographic variables such as age, sex, environment (urban or rural), GPA, and religion seem to have some relationship to children's views concerning some nature of continuation of life after death.

Children's Attitudes Toward Death

In focusing on children's attitudes concerning their own deaths, there seems to be considerably more denial than fear in that approximately three-fourths of the children expressed the former and only half expressed the latter. Further, only about 30 percent of the children reported anxiety. Perhaps the defense mechanism of denial enables the child to control anxiety about personal death. There seems to be the attitude of acceptance of death among the majority of children. Six out of ten children responded negatively when asked, "Does it bother you to think how you may die?"

There seems to be generally more intensity in all the attitudes concerning the death of a friend. Approximately 55 percent of the children would even want to talk about the event or want to talk about it sometimes. A considerable number of children expressed fear (67 percent) and anxiety (79 percent) concerning the death of a friend. Further, 71 percent of the children also expressed acceptance to the point of visiting a dying friend in the hospital. Thus, the attitudes toward the death of another seem to be more intense, more mixed, and perhaps more conflicting. Overall, there seems to be more interest in the death of another than in one's own death for fourth and fifth graders.

A rather consistent acceptance of the environment of death was expressed. Sixty percent of the children reported no fear or anxiety about going to a cemetery. Forty to eighty percent of the children indicated a willingness to go where a friend is dead. Perhaps there is a basic acceptance of the reality of death that is tolerated more

readily by children in the context of the environment of death. Perhaps visiting the environment, namely a cemetery or "where a friend is dead," enables the child to process or integrate the death event into a greater sense of reality or acceptance.

Implications

The exploration of children's concepts and attitudes toward death has several important implications for theory, training, practice, and research. The present study basically corroborates the developmental aspect of children's concepts of death. The children's concepts of death seem generally consistent with much of the previous research (e.g., Anthony, 1940; Kalmbach, 1979; Koocher, 1973, 1974a, 1974b; Melear, 1973; White, 1978) that has been done using the Piagetian model. Some aspects of the data concerning children's attitudes toward death may be interpreted rather readily in the framework of Psychoanalytic Theory, particularly in the context of defense mechanisms and the dynamics of personality adjustment. However, many questions concerning normal children's attitudes toward death still remain for research to answer.

There needs to be further investigation regarding the development of the concepts of death and the intensities of attitudes. This should include a clarification of possible relationships among the demographic variables such as ethnic and cultural background, age and grade level, grade point average, sex, urban-rural environment, religious training or orientation, or other aspects of the children's lives. Because the interview process seems to be very effective with

this sensitive area, it is recommended for the control of many of the variables of data collection.

In regard to the training of professionals in counseling, education, and mental health, there should be significant emphasis on understanding children's concepts and attitudes toward death. In addition to the usual professional skills in mental health services, there should be allocation of at least part of a course to focus on the salient issues and related research regarding death concepts and death attitudes. Current curricula could be evaluated carefully to provide for the inclusion of valid information concerning children's concepts of death and death attitudes. There needs to be awareness of the available research and information concerning the differential concepts and attitudes among normal aggressive, and suicidal children in regard to their own deaths and the deaths of others.

Self-clarification of students' perceptions and attitudes concerning death should be encouraged. Appropriately structured and supervised opportunities for such exploration should be provided. For instance, students may be encouraged to recall their own experiences concerning death, dialogue with their colleagues concerning the emotional effects and intellectual conclusions, increase their own awareness of sensitive or problem areas, and clarify lingering issues concerning death of self or others.

It is important to realize that the information and voluminous recent writings on death and dying for adult populations may have very limited applicability to children's concepts and attitudes

concerning death and dying. The literature for adults is important to the extent that it enables clarification of thinking and feelings concerning death. However, such perspectives and conclusions must be very guarded in application to children.

There is not enough research and expertise related to the professional practice concerning many aspects of normal and abnormal children's concepts and attitudes toward death to make very extensive recommendations. The practitioner must, of course, be cognizant of all the available information concerning children's concepts of death. The practitioner must have a great deal of self-awareness in regard to the multiplicity of death issues. Further, the practitioner must be very selective in using commercial materials. Any structured experiences must be conducted with considerable caution and with detailed knowledge of children's social, emotional, and academic adjustment. It is important for the practitioner to be especially aware of the verbalizations, fantasies, and behaviors of disturbed children toward death, should any significant death concerns manifest themselves.

Children want to have their questions answered concerning death. They need to explore their own feelings and attitudes, and to experience support from family or other significant adults who have a healthy clarity of their own feelings concerning death issues. Then, the child may be provided with support and appropriate responsiveness should a death occur. If a child seems to be experiencing significant difficulties in areas related to death concerns, including their own deaths, it would be prudent to refer

these children for services to a qualified counselor, therapist, or psychologist.

This study of children's concepts and attitudes toward death has yielded insights, questions for research, implications for theory, and directions for training and practice. With increased knowledge and sensitivity to the needs of children, the competent professional will more readily and more skillfully respond to children regarding the important matter of the universal experience of death and dying.

APPENDIX A
PARENT CONSENT

Dear Parent:

In order to better understand and help children, it is important to learn their thoughts and attitudes on many subjects. As you know, there recently is more discussion about attitudes toward life and death by adults.

I would like to ask permission for your child to participate in a research project to explore children's attitudes concerning death. This will be through a 20 minute individual discussion. If you agree to let your child participate, you may withdraw your permission at any time. Your child's identity will be known only to me and to school persons who help arrange for your child to talk to me. I would also like to ask permission to review your child's cumulative folder and to check the information, such as status of the family members, with your child.

A copy of this study is available at the school. If you have any questions or would like to know the results, a conference can be arranged with me through the school secretary. My phone number is listed below, and you can feel free to call me at any time to discuss this research. There is no monetary compensation for participation in this project.

Your cooperation and that of your child can be very helpful in better understanding children's needs and attitudes in this area.

Please indicate your answer below, sign and witness this form, and return it with your child tomorrow. A copy of this consent will be returned to you.

Thank you very much for your assistance.

Sincerely,

I have read and understand the procedure described above. I give permission for my child, _____, to participate in the procedure.

Signatures: Child _____
Parent _____
Witness _____
Researcher _____

Bonnie Bell

271-6 Schucht Village

Gainesville, FL 32603

Home phone: 904-373-1549

Principal's Letter

Dear Parents,

R. L. Ward - Highlands Elementary is very fortunate to have been selected as one of the few schools participating in a recent educational research study. Ms. Bonnie Bell, a doctoral candidate at the University of Florida who has ten years experience in public education, will personally conduct the structured interviews of the study.

As principal, I would like to express my support for this project and encourage you to consent to your child's participation. If you have any questions, please call me or Ms. Bell.

Sincerely,

C. M. Glanzer

APPENDIX B
STRUCTURED INTERVIEW

Name _____ Date _____

School _____ Grade _____

Date of Birth _____ Age _____ Ethnic O. _____

Religion _____ Retentions _____ GPA _____

"Hello, _____. My name is Bonnie Bell. Today I am visiting your school to learn more about children who are in your grade. I'd love to see how you draw! Would you please draw a picture of a person here? (Present plain sheet of paper and pencil. Allow child to draw. Keep drawing on the table during the interview.)

"That's really a very fine drawing. Do you like to draw? Your mother (or other caregiver) has said that it's O.K. for me to ask you questions about your family and about how you feel about living and dying. Is it O.K. with you if I ask you some of these kind of questions? _____

(If child refuses, then terminate the interview.) "If later you decide that you want to stop talking, just tell me and we'll stop.

Do you understand? _____ O.K., let's begin.

Do you have any brothers or sisters? _____

Tell me their names and how old they are:

Are you living with your real mother? _____

Are you living with your real father? _____

(If not) Who takes care of you at home? _____

Are you related to this person? _____

(If applicable) How old were you when your folks split up? _____

Are they divorced? _____ Separated? _____

Does your mom work at a job outside your house? _____

What does she do? _____

Does your dad work at a job outside your house? _____

What does he do? _____

Do you have a pet? _____

Did you ever have a pet die? _____

How did that make you feel? _____

I'd like to talk with you a while about living and dying. Is that OK
with you? _____ (If child refuses, terminate
session.)

Concept of Death (Koocher, 1974)

- How do things die?

_____	<u>Natural</u>	<u>Aggressive</u>	<u>Suicidal</u>	<u>Other</u>
_____	_____	_____	_____	_____
- How do you think you will die?

_____	<u>Natural</u>	<u>Aggressive</u>	<u>Suicidal</u>	<u>Other</u>
_____	_____	_____	_____	_____

Burial End of Life Deterioration Continuation Other

- What happens to things when they die?

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
- What will happen to you when you die.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No Return Return Other

- Can dead things come back to life?
- Can you come back to life after you die?

Attitudes Toward Death

- Would the death of a friend scare you?

<u>Yes</u>	<u>No</u>	<u>Sometime</u>	<u>Other</u>
_____	_____	_____	_____
- Would you ever want to go where a friend is dead?

<u>Yes</u>	<u>No</u>	<u>Sometime</u>	<u>Other</u>
_____	_____	_____	_____

3. Can you tell me what a cemetery is?

(A cemetery is a place where people are buried.)

4. Does a cemetery make you upset?

5. Would you be willing to go where a friend is dead?

6. Do you sometimes feel this way?

I don't like to think about how I will die?

7. If a friend died, do you feel you would ever want to talk about it with anybody?

8. Are you afraid of dying?

9. Do you feel it does not bother you to think about how you may die?

10. Are you scared to go to a cemetery?

11. Do you worry about dying?

12. Would you want to visit a dying friend in the hospital?

13. Does the thought of a friend dying upset you?

Other

Sometime

No

Yes

Is there anything else you would like to tell me about this?

Is there anything you would like to ask me?

Is there anyone you would like to talk with more about living or dying?

Before you go, why don't you draw me a picture of anything you would like? (If child draws a scene related to death, I would talk with him/her further and determine the nature of the effects of this interview, and take appropriate measures, i.e., further discussion, conference with parents and/or school personnel, etc.).

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BIOGRAPHICAL SKETCH

Bonnie Andersen Engel, daughter of Earl Charles Engel and Hazel Irene Andersen Engel, was born August 31, 1946, in Elgin, Illinois. Her family subsequently lived in Cocoli and Curundu, Panama Canal Zone, until 1957. Upon returning to Hampshire, Illinois, Bonnie attended the public schools and graduated as Salutatorian in 1964. She graduated cum laude from Carthage College, Kenosha, Wisconsin, 1968, with a dual major in psychology and elementary education. After completing a Master of Arts degree in Psychology at Bradley University, Peoria, Illinois, Bonnie served an internship in school psychology in Springfield. Two years later, she was employed by the West Georgia Educational Services Cooperative. Since 1974, Bonnie has been employed as a school psychologist in Volusia County, Florida.

Additional professional activities have included presidential positions of the Central Florida Association of School Psychologists and the Florida Association of School Psychologists, presentations at numerous conventions, faculty member for NOVA University, Mental Health Consultant for Gainesville Job Corps, and contract services with the Florida Department of Education.

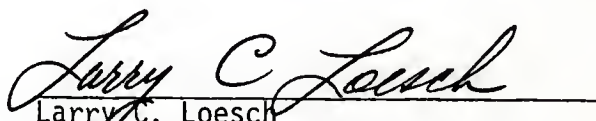
In completing her doctoral studies, Bonnie has served as a student assistant in school psychology and an evaluation specialist

with Children's Developmental Services, Pediatric Clinic, Shands Teaching Hospital. Her subspecialization has been early childhood education.

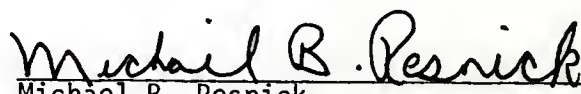
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Associate Professor of Counselor
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This dissertation was submitted to the Graduate Faculty of the Department of Counselor Education in the College of Education and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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